Understanding the Power Relations in Health Policy Implementation in Pakistan

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Abstract

Policy implementation is a complex, technical and political process. It is shaped by the capacity of the government, political patronage, influence of diverse actors, power relationships, role of the state, nature of the political systems and their mechanisms for participation in the policy subsystem. Tackling the implementation gap is a health policy concern in Low and Middle Income Countries (LMICs). In these countries, governments frequently fail to achieve effective policy implementation. The government of Pakistan has over six decades introduced many health initiatives and plans to improve the health status of its population. Still, the implementation process remains arduous.

To identify the implementation gaps and their drivers, forty-two semi-structured interviews were conducted with the key policy actors from general political sphere and health policy subsystem in Pakistan, to explore their knowledge, perspectives and experience. The key informants were mainly politicians, bureaucrats, health ministry officials, and technocrats from Islamabad, Punjab, Khyber Pakhtunkhwa and Sind provinces in Pakistan. The data was analysed using thematic analysis. This qualitative exploratory study using an inductive approach draws on the concepts of power, policy networks and path dependency.

Findings suggest that the factors influencing the policy-action relationship in the health sector in Pakistan operate at two levels: actors and institutional or structural. Political history as a part of the structure plays an important role as well. The power relations within the health sector are a complex interplay of ideas, interests and incentives resulting in *policy networks* or *iron triangles* at different levels. The underlying power relations remain the same and policy implementation process is path dependent. Due to this, most health policies remain in long periods of stasis or equilibrium. The stalemate over these

policies was seen because of the elitist system of interest groups' hold over policy choices. Frequently, policies are caught in a web of interests.

Key words: Power, policy, health, implementation, actors, low and middle income countries, policy networks, health systems and Pakistan.

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Chapter One: Introduction

1.1Rationale

The implementation of policy is a complex, technical and political process (Antunes, 2013). Tackling the implementation gap is a health policy concern in Low and Middle income countries (LMICs). Limited attention has so far been paid to the influence of power relations over this gap (Gilson et al. 2014). The role of power in policy implementation processes is an under-researched, yet crucial; aspect of understanding implementation (Lehman and Matwa, 2008).Policy implementation is multi-disciplinary, multi-level and multi-focus in nature. Policy implementation as a construct is understood in many different ways (Kipo, 2014).

There is fluidity in the definition as well as the conception of policy implementation. Due to its multi-disciplinary nature, some scholars and students face challenges of explaining policy implementation. This complexity of policy implementation is supported by the observation of Pressman and Wildavsky "if implementation is everywhere, as one of the authors suggested in another connection, is it *ipso facto* nowhere?*"* No doubt this is why students of implementation complain that the subject is so slippery; it does depend on what one is trying to explain, from what point of view, at what point in its history" (Pressman and Wildavsky, 1973).

Beside this, there are other dilemmas as to what theoretical approaches or perspectives to adopt in studying policy implementation. The question of whether to adopt top-down, bottom-up or mixed approach is keenly debated among scholars. The area between agenda setting and policy implementation is relatively neglected in the literature, yet crucial to policy design and in determining whether the policy will achieve its intended purposes (Berlan et al. 2014).

Moreover, questions of policy implementation are often translated into the language of power, a concept that theorists have debated for centuries (Wang, 2010). The use of power in the policy process is subtle and complex. It is important to understand how power is exercised or distributed in the policy process within a complicated political environment (Kipo, 2014).

Findings from some recent case studies in Low and Middle Income Countries (LMICs) have shown that political judgment pre-dominated policy implementation and was influenced by political interests, insistence, values and opinions of policy makers. Policy implementation reflected the “quick-fix” mentality of policy makers, with little regard to evidence and skilled opinion. Most of the policies were made in a top-down and non-participative approach. These influences on policymaking and weaknesses in implementation contributed to policy failure (Jardali et al. 2014).

The implementation process can affect the outcomes of any intervention, and is concerned with the influence of actors, power and contestation over implementation (Erasmus et al. 2014). At the core of these questions is the central issue concerning the distribution and control of the resources, forms of formal and informal power, and how they interact across different institutional spheres to promote or hinder development policies and practice (Leftwich, 2007). Ideas, interests and power of different actors and stakeholders shape the implementation of policy (Gilson and Raphael, 2008). Inadequate attention to power, interests and values is a common precursor to unintended consequences and unsuccessful implementation of policies (Agyepong, 2012).

Policymaking and policy implementation should be understood as processes shaped by historical legacies, context and timing (Johnson, 2015). Health policy analysis in LMICs is attracting increasing attention. The bulk of research has focused on policy content, particularly evaluating the technical appropriateness. However the nature of the processes (how policies are

made, and by whom) leading to these policies affects their relevance and often their implementation.

Study of the processes through which ideas, knowledge, interests, power and institutions influence decision-making is primarily concerned with public policy and pays particular attention to how problems are defined, agendas are set, policy is formulated and re-formulated, implemented and evaluated (Parsons, 1995). It is based on the understanding that the policy is a product of, and constructed through, political and social processes. Studies have shown that even when ample resources are available, the policy has well defined objectives, good communication with a clear chain of command and monitoring systems is operative, policies can be implemented in a totally different way as they were intended (Buse et al. 2005).

Most of the discussion in policy issues is centred on the formulation of policy. However, it must be realized that policy issues do not end with the formation of the policy; it is, in fact, only the beginning of the policy-to-action continuum (Bhuyan et al. 2010). On the other hand, a higher emphasis is given to research focusing on whether policies have achieved the goals and finding a list of reasons of poor implementation like poor funding, infrastructure, lack of staff, etc. There is a need to highlight that understanding the nature of policy implementation is also important, because evidence shows that policies, once approved, are not always implemented as planned (Calista, 1994).

A focused research is needed for people involved in the implementation process as their views, goals, strategies, interests and commitment to policy determine how they will deploy the political resources (Buse et al. 2005) and why many policies fall short of implementation. This kind of research is of particular importance in low and middle income settings like Pakistan where most of the policies with a few exceptions are either partially implemented or not implemented at all.

1.2 Clarifying Concepts and Definitions

This study revolves around policy, implementation, actors, power, policy networks and path dependency. There is not a single definition of all these terms, but these would be defined as they are used in the context of this study and discussed in the subsequent chapters. Barrett and Fudge (1981) pointed out:

'The policy does not implement itself.'

They furthermore believed that implementation was about a policy-action continuum, about interactions and negotiations between actors: between those seeking to put the policy into effect, and those upon whom action depends.(Ibid.) *'To implement'* implies process; it also implies ability: the ability to convert the *'state's policy promises into the state's policy products'* (Bodkin, 1990).

The following are key issues in understanding, implementation processes:

- Multiplicity and complexity of linkages
- Questions of control and co-ordination
- Issues of conflict and consensus

The above issues are not mutually exclusive conceptualizations but rather complementary approaches to understanding the policy-action relationship (Barrett and Fudge, 1981). It is further suggested that the policy-action relationship needs to be considered in a political context and as an interactive and negotiating process taking place over time between those seeking to put the policy into effect and those upon whom action depends. Implementation has its tendrils throughout the entire policy process (Tasmanian and Sabatier, 1983). The founding fathers of implementation, Pressman and Wildavsky (1973) have stressed the complexity of policy implementation.

O'Toole (2004) defines policy implementation as what develops between the establishments of an apparent intention on the part of government doing

something or stop doing something and the ultimate impact of world of actions. More concisely, he remarks that policy implementation refers to the connection between the expression of governmental intention and actual results (O'Toole et al. 1995). As part of policy cycle, policy implementation concerns how governments put policies into effect (Howlett et al. 2003).

Thus defined, implementation is a complex process in which there is a tendency for it to be problematic, as policy objectives are not always clearly expressed (and, occasionally, are even conflicting) and that the process must often be delivered within a multi-organisational setting, requiring detailed negotiation. Negotiation is vital in the implementation process, allowing the solution of conflicts of interest and the promotion of a collaborative relationship between politicians and bureaucrats, which can develop over time (Antunes, 2013).

The word *actor* is often used to symbolise individuals, organisations and governments who influence policy (Buse et al. 2005). For the purpose of this study politicians, bureaucrats, technocrats, media, donors and other interest groups came up as the key players in the health policy sphere in Pakistan. Bureaucrats are the civil servants who are inducted through the public service exam, technocrats are not the civil servants, but health experts who have entered the government service, as a lateral entry, or are the professionals working in different non-government organizations. Some technocrats are also a part of different ministries on either contract or permanent basis. Media refers to both the print and electronic media. Interest groups could be either the civil society or other hidden elements with a strong linkage with the politicians or the bureaucrats.

As this study revolves around the power relations between the key policy players, it is important to look at power from different angles. The concept of power is essentially contested (Luke's, 1974; Baldwin, 2002). It seems as if there are as many definitions and approaches as there are power analysts.

The concept of power and its various forms are described (in detail in chapter four) but we take Weber (1946) and Giddens' definition of power as the starting point. Giddens define power as: '*the capacity of agents to achieve outcomes in social practices'* (Giddens, 1984).

Weber (1946) defined power as *"the probability that one actor within a social relationship will be in a position to carry out his own will despite resistance, regardless of the basis on which this probability rests*". While he understood such power as pervading all human interactions, he was fascinated with how certain structural positions were allocated the right to expect compliance by others or "*the probability that a command with a given specific content will be obeyed by a given group of persons*".

Obviously, different political processes raise different power games, either transitive or intransitive. The power concept used in this study is definitely multi-layered. It could also be defined as: *power is the organisational and discursive capacity of agencies, either in competition with one another or jointly, to achieve outcomes in social practices, a capacity, which is however co-determined by the structural power of those social institutions in which these agencies are embedded.* (Arts and Tatenhove, 2004). Power is recognized as a key influence over the development and implementation of health policies.

A policy network is described by its actors, their linkages and its boundary. It contains relatively stable set of stable public and private actors. The linkages between actors serve as channels of communication and for the exchange of authority, resources, expertise and trust. The boundary of a given policy network is not in the first place determined by formal institutions but results from a mutual recognition dependent on functional relevance and structural embeddedness. Policy networks should be seen as an integrated hybrid structure of political governance (Kenis and Schneider, 1991).

The tendency towards policy inertia and the role played by actors, historical events and contextual factors in constraining future choices is described as path dependency (Bertone et al. 2014).

1.3 Aims and objectives

Aim

This thesis aims to examine the concept of power in the Pakistani health sector with a special focus on the role of key actors and implementation in order to understand the factors underlying them.

Objectives

- To explore the views, perceptions and experiences of the policy actors of policy implementation process in general and health sector in particular.
- To identify implementation gaps, their drivers and recommendations for closing the gaps.

Research Questions

1. What role do power relations play in policy implementation?
2. What implementation gaps and their drivers can be identified at national, provincial and district level?
3. Where does the actual power of implementing policies lie?

1.4 Background to researcher's interest in the topic

Having served as a young doctor in the capital city of Islamabad, the researcher noticed that the medics and the top administrators on the clinical side lacked the knowledge of national health policies. They were never invited to the policy formulation meetings. Only when the whole policy was drafted, a copy was sent to all the hospitals. Later, in her role as a research co-ordinator in the Ministry of Health, she observed that Memoranda of Understanding (MoUs) were signed between the heads of departments only if they were friends or have political connections. All the top slots in the ministry

were political. The subordinates were sent to capacity building courses and conferences only if they managed a phone call to the superiors. Having observed all this the researcher developed an interest to know further what actually goes on during different stages of the policy implementation process and why certain policies were favoured and others not.

1.5 Structure of the thesis

The thesis begins with the rationale, aims /objectives and definitions, followed by background information on Pakistan, country's political history, health policies and health systems. The thesis then explains the details of the research methodology, study design, conceptual framework, different stages of data analysis, ethical considerations and limitations of the study. The literature review chapter describes different implementation theories, theoretical frameworks, power and its theories, policy networks, models of path dependency and the empirical studies from low and middle income countries on the related subject. The findings chapter presents the data based on thematic analysis of the forty-two interview transcripts. The main emerging themes and their sub-themes are discussed. The discussion chapter then draws together the main elements of this study and discusses the core argument of the study. The theoretical frameworks selected are applied to the results of the study. The final chapter concludes the thesis and gives some recommendations and ideas for future research.

Chapter Two: Background

2.1 Introduction

This chapter outlines the country profile of Pakistan, including its geography, political history and demographics. It gives an overview of its health systems, actors in health, donor assistance, health policy trajectory and examples of some failed health policies. A comparison of the country's health indicators with other countries in the region is also given.

2.2 Geography

Pakistan, the sixth most populous country in the world, is situated in South Asia with a population of 185 million (National Institute of Population Studies, 2012). It is administratively divided into four provinces, Punjab, Sindh, Baluchistan and Khyber-Pakhtunkhwa (former NWFP). Moreover, it has two centrally administered areas (Azad Kashmir and Gigli-Baltistan (former Northern Areas)), one territory (Federally Administered Tribal Areas), and one capital territory, Islamabad (Law, 2010). Provinces are further divided into districts, which in turn are divided into tehsils and then to union councils at a basic level. The population distribution is uneven in Pakistan with 78.6% in the eastern provinces of Punjab and Sindh. Baluchistan, though the largest province by area (44%), has only 5% of the population (Pakistan, 2003). The map of Pakistan is shown in Figure 1 on the next page:

Figure 1: Pakistan map with administrative borders (http:// digital-vector-maps.com/country-maps)

2.3 Political History (1947-2015)

Pakistan has faced authoritarianism since its inception. Authoritarian rule has also affected media freedom in the country, with negative effect on democracy. Pakistan failed to make a viable transition to democratic rule after emerging from the debris of British colonialism. The colonial state was quickly replaced by authoritarian rulers, whether civilian or military (Jalal, 1995).

It is widely believed that not more than 200 families have shared political power in Pakistan since independence. These politicians have exploited the country in every era. Lust for power has proved to be disastrous for Pakistan. “Masters of the new nation, the bureaucrats had little interest in organising elections, and political developments following Jinnah’s death can only be described as chaotic. There were no fewer than seven prime ministers in ten years. Liaquat Ali Khan (50 months in office) was assassinated. His successors, Khawaja Nazimuddin (17 months); Mohammed Ali Bogra (29 months); Chaudry Mohammed Ali (13 months); Shaheed Suharwardy (13 months); I.I. Chundrigarh (2 months); and Feroze Khan Noon (11 months), all became victims of palace intrigues. Throughout the 1950s, two classic bureaucrats, Ghulam Mohammed and Iskandar Mirza, brazenly abused their powers as head of state to make or break governments. In April 1953, Ghulam Mohammed set an unfortunate precedent when, citing the government’s failure to resolve ‘the difficulties facing the country’, he dismissed Khawaja Nazimuddin and installed Bogra in his place. When Bogra responded by trying to limit the governor general’s power, Ghulam Mohammed dismissed him too. And so it went on.”(Jones, 2000).

Politics in Pakistan is characterised by two central features: chronic instability and repeated military interventions. These are linked by a structural tension between the elected and non-elected arms of the state. Since Independence in 1947, there have been several cycles of civilian rule, growing political and economic instability, followed by military intervention. Military rule has

invariably been accompanied by measures (in the form of constitutional amendments and special ordinances) that concentrate power in the executive at the expense of the legislature, and devolve power from provincial to local governments. This reflects a deliberate strategy of weakening legislative government at the federal and provincial levels while seeking to build up some degree of popular legitimacy in local councils. Civilian regimes have generally reversed measures designed to strengthen the discretionary powers of the President and reduce the powers of the elected Prime Minister (Cheema and Mohmand, 2003).

Repeated cycles of military and civilian rule have not significantly changed the underlying constitutional fabric of the country since the introduction of the 1973 Constitution under the Zulfiqar Ali Bhutto. There remains a significant measure of agreement across the political divide that three essential features of this Constitution remain immutable: the Islamic character of the state, federalism, and parliamentary democracy. Successive military and civilian regimes have promulgated constitutional amendments and special ordinances, but without challenging these basic features. Even under military regimes, the institution of parliament has been left intact, even if substantially weakened, perhaps as a means of legitimising military rule, but also in recognition of the constitutional legitimacy of parliamentary sovereignty (Gazdar and Sayeed, 2003).

Pakistan's political history could be easily and logically divided into seven distinct periods from 1947-1958, 1958-1971, 1971-1977, 1977-1988, 1988-1999, 1999-2007, 2008-2013 and lastly 2013 onwards. The figure on the next page illustrates diagrammatically the time line of different political eras.

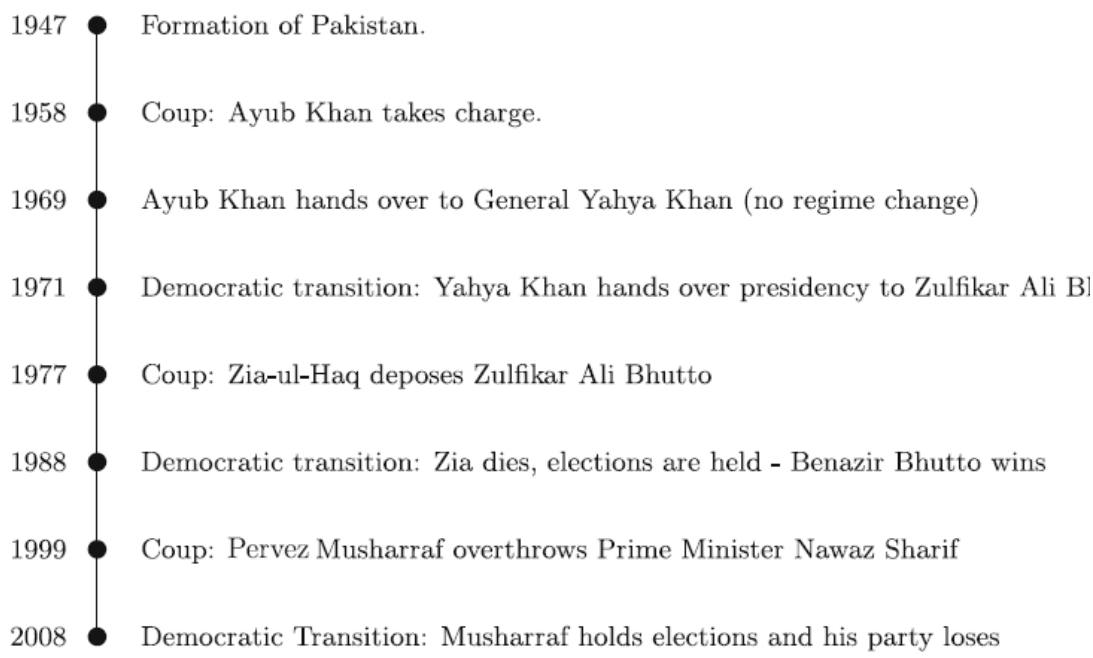

Figure 2: Brief timeline of Pakistan's regime change
Source: Bhave and Kingston, 2010.

2.3.1 First Period (1947-1958): *The Flat Fifties*

The first period, covering the initial eleven years from 1947-58 was a period of formation in Pakistan. The British controlled provinces of Punjab and Bengal were divided into two parts. East Punjab and West Bengal formed part of what is now India. West Punjab and East Bengal, along with three other provinces formed Pakistan. The physical separation between eastern and western Pakistan, with Indian Territory in between, put Pakistan at a serious advantage from its inception (Sayeed, 1968; Siring, 1997; Mahmood, 2000; Yusuf, 1999 in Hussain, 2009).

The untimely death of Quaid-e-Azam, M.A. Jinnah, in September 1948 was a great loss to Pakistan, which was still in a phase of state-building. The biggest landmark during this period was the adoption of the first constitution in 1956. This period ended in a prolonged crisis and the first military coup, in

the autumn of 1958 (Vyacheslav, 2013). Scholar Keith Collard termed this a ‘governor-general’s coup” (Callard, 1968 in Hussain, 2009).

Some authors have called this period as *‘Flat Fifties’*. The political atmosphere was vitiated and political instability was acute. The challenges of setting up the organs of a new state were huge. The influx of millions of refugees from India was very demanding. As a result economic management took a back seat in the formative phase of Pakistan’s life (Haqqani, 2006).

2.3.2 Second period (1958-1971): *The Golden Sixties*

Ayub Khan, the first military dictator of Pakistan, assumed complete control of the state in October 1958. The initial four years of his rule deserve special attention. The ruling circles consisting of military and civil bureaucracy saved the state and initiated institutional reforms in social and administrative fields (Vyacheslav, 2013). This period has been termed as the golden period of Pakistan’s economic history (Gather 1994; Rizvi, 2000; Shaft, 1997; Becher, 1972 in Hussain, 2009). With the help of Harvard advisors, Khan implemented the Planning Commission on economic Management and Reforms with impressive results (Burke, 1984 Papain, 1967; Falcon, 1971in Hussain, 2009). Governance improved with a major expansion in the governments’ capacity for policy analysis, design and implementation, as well as the far-reaching process of institution building.

By 1969, Pakistan’s exports were higher than the exports of Thailand, Malaysia and Indonesia combined (World Bank, 2002). According to one view, had the economic policies and programs of the Ayub’s regime continued over the next two decades, Pakistan would have emerged as another miracle economy. One of the analysts accused Ayub’s regime of reducing the east to an internal colony which led to the separation of East Pakistan in 1971 (Vyacheslav, 2013). This is described in detail below.

Any authoritarian regime, which is devoid of legitimate political power uses the instruments of state power to win or maintain coalitions, builds up new alliances or take coercive measures. Ayub's attempt to win legitimacy caused his regime a loss of popularity and credibility. The disaffection of the military regime was exploited by Sheikh Mujibur Rahman and his Awami League party (Hussain, 2009). The arrest and trial of Mujib under the Agarwal conspiracy case turned him into a popular leader in East Pakistan. His six-point agenda of autonomy became the manifesto of the Awaji league, which swept the 1970 elections in East Pakistan with a resounding majority (Vyacheslav, 2013). The re-imposition of martial law and transfer of power to the Army chief, Yahiya Khan, exposed the fragility of the democratic system.

Yahiya Khan's reluctance to transfer power to Sheikh Mujibur Rahman, the elected majority leader, reinforced Bengali suspicion and mistrust towards the Pakistan Army and West Pakistan. These events led to a civil war, which was backed by India and ended with the emergence of the independent state of Bangladesh (Hussain, 2009).

2.3.3 Third period (1971-1977): *The Socialist Seventies*

This period consisted of the direct military rule by General Mohammad Yahiya Khan and the follow up civil regime of Zulfiqar Ali Bhutto. It saw the dismemberment of the country and the creation of Pakistan in its present day territorial shape. This period has been labelled as '*Socialist seventies'* by some analysts (Haqqani, 2006). The third constitution adopted in 1973 during Bhutto's regime, proved to be the most durable and effective, in spite of the long periods of its suspension and amendments. It changed the model of government from a parliamentarian to a presidential one.

Zulfiqar Ali Bhutto took advantage of the resentment against Ayub's economic policies and promised to restore the principles of equity and justice to the forefront of Pakistan's development strategy under the slogan of Islamic socialism (Shaikh, 2000). Critics of Bhutto's policies argue that his

populist policies of nationalizing industries, banks, insurance companies, educational organizations, derailed Pakistan's journey towards modernization and economic development. This setback hit Pakistan so badly that the East Asian countries that were lagging behind Pakistan overtook it in growth and economic indicators. At the same time, income inequalities rose compared to the previous period. Historians are of the view that the lesson learned from this period was that good populist politics are bad for the economy (Hussain, 2009).

Bhutto's short era came to an abrupt end after the military coup d'état on July 5th 1977. It was led by General Mohammad Zia-ul-Haq, who remained eleven years in power.

2.3.4 Fourth period (1977-1988*): The Revivalist Eighties*

General Zia-up-Haq, a right wing military leader overthrew the Bhutto government in a military coup in July 1977 and halted the socialist experience. Political party activity was banned and political participation was limited to the local level only (Malik, 2001 in Vyacheslav, 2013). Zulfiqar Ali Bhutto was first arrested and then hanged on 4 April, 1979, as the new military regime in Pakistan turned into the longest in the country's history. Zia used religion to provide legitimacy to his takeover. The nexus between the military regime and Jamaal-I- Islamic engulfed the Islamic militant groups that participated in the Afghan war against the Soviets.

Large amounts of military and economic assistance flowed from the United States into Pakistan. Zia benefited from participating in the campaign to overthrow the Soviet Union in Afghanistan. However, Pakistan had to pay a heavy cost in the longer term. The spread of Kalashnikovs and drug culture, ethnic and sectarian violence, the smuggling of goods and the emergence of Jihadist parties can all be traced back to this period (Aric, 1995; Burke and Baxter, 1991; Waseem, 2002 in Hussain, 2009).

2.3.5 Fifth period (1988-1999): *The Muddling Nineties*

Nine different governments (four interim-appointed, four elected and one following the military coup of October 1999) ruled Pakistan in this period (Baxter, 2004 in Hussain 2009) The fifth period of exactly eleven years began after the death in a plane crash of General Zia-ul- Haq in 1988. This period is noticeable for the quick changes in civil governments and caretaker cabinets. The law and order situation worsened during this period and the tussle between different elite groups intensified (Ziring, 2004).

Bhutto's daughter, Benazir Bhutto was the youngest premier in Pakistan's history and the Muslim world's first woman to become the prime minister. She was sworn into power in December 1988, but it lasted for only eighteen months. In November1990, Mian Nawaz Sharif, leader of the Pakistan Muslim League, became the head of the government. However, his government was dismissed in 1992 and once again, Benazir came to power. But new elections were announced in February 1997 and Main Nawaz Sharif gained power once again.

An attempt by Nawaz Sharif to free himself from the army's control provoked the onset of another period of military rule. But before this occurred, Pakistan had become an open nuclear power in 1998, and suffered a setback in a mini-war against India in Kashmir. The Kargill conflict can be regarded as the fourth Indian-Pakistani war. The scope, duration and intensity of its operations were smaller than those of the previous confrontations. The G-8 club of high income countries appealed to both India and Pakistan for an immediate end to hostilities (Ganguly, 2001).

The Kargill war had a great influence on the political situation in both countries. The failed Kargill operation demoralized the army and the society. The high-ranking army officers were displeased with the civil prime minister for not notifying the military and losing ground under pressure from the

United States. The military coup of October 1999 led by General Musharraf drew a line under the eleven year period of attempts to establish a democratic system in Pakistan.

The army in Pakistan, as a rule, has always come to power during a period of sharp decline in economic conditions and political instability. This time, the main reason for the military *coup d'etat* was the confrontation between the civil and the military leadership and personal rivalry between Nawaz Sharif and Pervez Musharraf (Ganguly, 2001).

2.3.6 Sixth period (1999-2007) *The Reforming Hundreds*

Martial law under Musharraf was not imposed, instead a state of emergency was declared. Civilian government officials carried on doing all current work, but they executed it under the guidance and observation of military officers of the same rank (Khan, 2004). The reaction in the world to Musharraf coming to power was critical. International public opinion in general regarded General Pervez Musharraf as a 'power usurper' and for some time he was persona non grata in many capitals. Pakistan's membership in the British Commonwealth was suspended and sanctions imposed on Pakistan in connection with its nuclear weapons tests in May 1998 were made more rigid (Vyacheslav, 2013).

A new political party came into being during this time, the Pakistan Muslim League (PML-Q) taking Quaid's (meaning leader) initial Q. It was a pro-Musharraf party and consisted of some dissident members of the PPP and the PML-N, mostly of the latter. In the recent elections of 2013, they returned to their original parties. The results of the October 2002 parliamentary elections demonstrated several important trends. After the defeat in the 1997 elections, the PPP restored its position of a broad based party with a nationwide influence. It was placed second to the PML-Q. For the first time in the history of the polls in Pakistan, the leading pro-Islamic parties united in an electoral alliance called the Mujtahid Mallis Amal (MMA). The elections

showed considerable influence of the pro-Islamic parties in the country. In the National assembly the MMA in the 2002-2007 time, occupied the third position, having slightly fallen behind its rivals-the PML-Q and the PPP. General Musharraf was sworn in as the President in November 2002 (Vyacheslav, 2013).

During this period, terrorism and extremism were the main threats to Pakistan's security. In the previous years, incidents of violence were limited to Khyber Pakhtunkhwa. By 2007 they had spread throughout the country. In towns and cities, including Islamabad, there were shots and explosions, clashes broke out and the police/military forces and suicide bombings became widespread. President Musharraf announced emergency in the country in November 2007 which was opposed by all political parties. The imposition of emergency rule was regarded as a second coup d'état Musharraf's stay in power was concluded and he had to resign from his top military post. In the elections held on February 18 2008, the pro-Musharraf party, the PML-Q, suffered a setback, losing not only to the PPP but, most significantly to the PML-N as well. Musharraf was seen in the West as a modern Muslim ruler who was determined to contain Jihadism and fundamentalist religious seminaries, and was steadfast in fighting Al-Qaeda (Malik, 2008).

2.3.7 Seventh period (2008-2013) *The Rampant Corruption*

In the general elections held on February 18 2008, the Pakistan People's Party (PPP) emerged as the largest political party in the National assembly, riding a wave of sympathy due to the assassination of Benazir Bhutto on December 27, 2007. After more than eight years under General Musharraf, the country moved from 'dictatorship' towards a fully elected democracy' (Nelson, 2009)

The PPP won the February 2008 elections and came to power. For the first time a democratic government completed its five years but this period was

fraught with mismanagement, corruption, energy crisis and negligence on issues of national importance. But on the other hand, the 1973 Constitution was restored to its original form. Under the 18th Constitutional amendment the government has given much demanded provincial autonomy to the provinces. Some welfare programmes like Benazir Income Support were introduced for the welfare of the poor. Critics say that as per the statistics of the World Bank and IMF the poverty has increased in the country (Saeed, 2013).

The elections for the next government were announced to be held on May 11, 2013.Though the article 38 of the constitution (1973) clearly commits the provision of health care to the population the first formal health policy was announced in 1990. Before that it was a part of the national five-year plans.
The historic May 11 polls were held to elect the 272 seat National Assembly, the lower house of parliament, and four provincial legislatures. Nawaz Sharif's Pakistan Muslim League (PML-N) won a clear majority at the national level and captured two-thirds of the seats in the country's most populous province and political power base, Punjab (Gul, 2013). PML-N has always been in favour of holding talks with the Pakistani Taliban to bring an end to the problem of militancy in the country that has killed thousands of people. Some are hopeful his policies may bring peace, but others are worried about a possible rise in Islamic radicalism (Gul, 2013).

A senior Pakistani analyst, such as the former chairman of the Senate, Waseem Sajed was of the view that in addition to dealing with a serious financial crunch, a deepening energy crisis will be a major worry for the new government (Gul, 2013). From 2013 till now nothing substantial has been done in education or health sectors. The present government is interested in political visible projects like motorways, metro and orange trains. Corruption is also on the rise. Political priorities are no different from the previous governments.

The people of Pakistan are still waiting for genuine democracy. The founding fathers of the new South Asian states adopted a narrow definition of democracy, choosing to govern in the name of the people without involving them in the process of governance. That undermined the rulers' capacity to meet the challenges of diversity, except to some extent in the case of India, though there too without empowering the masses. There, the dominant elite that had led the fight for independence remained united and thus saved the democratic structure from collapsing. Elsewhere, the comparable elites split and the states chose to rely on extra-democratic underpinnings, such as Pakistan, Sri Lanka and, later on, Bangladesh (Rehman, 2007).

The so-called democratic rulers themselves are not willing to share power. Their parties are based on dictatorial models. Parties are loosely structured fiefdoms of political heritage either inherited or usurped through opportunity and patronage of the military during intermissions of dictatorships. There are two major shortcomings in political parties. First, there are little or no grass root structures with genuine participation of the people. Whatever structure, there exists by the mark of top-level discretion and preferential appointments. The monarchical character of parties depends on personality cults. Change of party leadership through grass root, party elections is a rarity. Party heads do not encourage independent thinking and ideological debate within the party. The most progressive and liberal on the face value, PPP [Pakistan People's Party] has opted for a lifetime president in Benazir. Nawaz remains the PML (N) head in absentia. Second, there is no room for democratic choices within the parties. Intra-party elections for selecting party officials and nominees for elections are not conventional; Byzantine intrigues and string pulling is (Mustafa, 1999).

The case of Pakistan clearly uncovers the story of an elite state that is clutched in the hands of the military establishment, colonial legacy in shape of bureaucracy, politicians motivated by self-interests, capitalistic minded industrialist, middlemen or the power brokers and rural feudal. This class is

also joined by the foreign trained policy makers, development experts, knowledge elites and sect oriented religious authorities. The manipulation of religious preaching, top-down tunnel vision on development interventions, highly politicization of development initiatives, vested interest groups, local power holders and brokers (Cohen, 2005).

2.4 The State of Health in Pakistan: An Overview

While there has been an improvement in the education sector, health remains the last on the priority list. With the eighth highest new born death rate in the world , one in every ten children born in Pakistan during 2001–07 died before reaching the age of five years. Women have a 1 in 80 chance of dying of maternal health causes during their reproductive life (World Bank, 2010). Pakistan thus faces a daunting challenge in improving health outcomes for children and adults alike. Some of the health developments in different eras of the country's history are mentioned in a tabulated form on the next page:

Table 1: Political and health developments

	Political developments	Health developments
1947	The federation of the Islamic Republic of Pakistan was established as a result of the partition of the Indian subcontinent, which also marked the end of the colonial rule. Massive bloodshed, millions of refugees, a fragile economy, and border disputes with India characterised its beginnings	Adoption of the recommendation of the Bore Committee report. Constitutionally, health was a provincial issue
1950s	Rapidly changing fragile governments and the first military coup in 1958	WHO-led initiation of BCG vaccination, malaria eradication, and control of sexually transmitted infectious diseases
1960s	Pakistan, under the control of a military dictatorship, ranked as the second fastest growing economy after the USA. Massive assistance received under military pacts with the west to contain communism. First war with India	WHO-led initiation of control of tuberculosis and leprosy, and eradication of smallpox
1970s	Pakistan turns socialist under a democratic government. Economic indicators stall. Partition of the eastern part of the country leads to the establishment of Bangladesh	WHO-led initiation of control of malaria and diarrhoeal diseases and Expanded Programme on Immunization. Lady Health Visitor Programme launched
1980s	Country still under a military dictatorship. During the Cold War, Pakistan received massive support as an ally in the Afghan jihad, which resulted in the creation of the .Taliban	WHO-led initiation of eradication of rheumatic fever and guinea worm, and the initiation of the AIDS programmes. Investments in 8000 first-level care facilities in accordance with Alma Ata commitments. Donor-led family health project launched
1990s	Rapidly changing democratic governments with many systemic constraints. Economic sanctions after declaration of nuclear capability. Economic performance was poor and entry into International Monetary Fund Programme. Some important economic reforms to open up the market	National Health Policy 1997. Devolution of health under the District Health Government Initiative, which was later abandoned. Initiation of social action programmes (World Bank led); eradication of poliomyelitis (WHO led), and launch of the Lady Health Worker Programme. Support for vertical disease prevention and control programmes (federally led) by international partnerships (Roll Back Malaria, Stop TB, GAVI Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria)
2000-06	Military dictatorship becomes a strong ally of the west in the war against terror. Change in foreign policy in Afghanistan creates internal security threats. Robust but unsustainable economic growth. Devolution of authority to a local government system, which is later undone by the next government	National Heath Policy 2001. Federally led programmes for hepatitis, blindness, safe water, and maternal and child health. Provincial investments in health increased but health could not be fully devolved to districts. Contracting out of first-level care facilities to a parastatal nongovernmental organisation through a federal directive. Other directly managed reforms initiated in competition with the contracting-out model
2007 onwards	Democratic regime. Support of the west because of Pakistan's role in fighting the war in Afghanistan. Economic decline, worsening debt, and an energy crisis. In an International Monetary Fund Programme. The 18th Constitutional Amendment and new formula for federal fiscalism accord greater provincial autonomy. Governance performance is poor. The country has an active judiciary and media	Ministry of Health abolished under the 18th Constitutional Amendment. No federal structure for health with resulting fragmentation. Drug Regulatory Authority created. National Health Policy 2010 modelled on the Gateway Health Policy scaffold, but the rationale for federal policy is contested. Huge progress in reforming the health sector is not evident. As a result of an active media, attention to malpractices in health is increased

Source: Nishtar et al. 2013

The author has just mentioned the health initiatives, which were donor led. Various health policy initiatives, which were introduced earlier in the country's history like Peoples Health Scheme and Pakistan Medical Association, have not been stated. Health policies have been formulated in some of the political eras without any substantive gains. Political changes were not at pace with the development in the health sector which seems to be in stasis even with the change in the political regimes. After 2013, the health ministry came at the centre with a different name of Ministry of Health Services Co-ordination and Regulation.

Given the current level of government expenditure on health, an improvement in this sector seems unlikely. The quality of public health services saw a downturn over the last few decades, and the rising population is increasing pressure on state institutions. This has allowed the private sector to bridge the gap between rising demand and public provision of health care. The private sector's role in the provision of service delivery has increased enormously. The poor state of public facility's overall has contributed to the diminished role of public health facilities. Out-of-pocket expenditure as a percentage of private expenditure on health is about 98 percent, positioning Pakistan among those countries with the highest share of out-of-pocket payments (World Health Organization, 2009).

The landscape of public health service delivery presents an uneven distribution of resources between rural and urban areas. The rural poor are at a clear disadvantage in terms of primary and tertiary health services. They also fail to benefit fully from public programs such as the immunization of children. Following the 18th Amendment to the Constitution, the health sector has been devolved to the provinces, but the distribution of responsibilities and sources of revenue generation between the tiers remains unclear (Afzal and Yusuf, 2013).

Estimates indicate that about 38 percent of under-five children are underweight while 12 percent are severely underweight (Khan, 2013). Children represent the most vulnerable group of society, and have not benefited much from previous growth episodes and social development. Countries such as Nepal and Bangladesh have achieved greater progress in their child mortality rates despite similar or worse economic performance (See table below).

Table: 2 Health indicators South Asia

Health Indicators	Pakistan 2010	Bangladesh 2010	India 2010	Sri Lanka 2010	Nepal 2010
Infant mortality rate (per,1000 live births)	60	39	49	11	41
Maternal mortality rate (Per 100,000 live births)	260	240	200	35	170
Under-five mortality rate (Per 1000 live births)	74	49	63	13	50
Immunization (DPT) (Among 1 year olds %)	86	95	74	99	86
Immunization (Measles) (among 1 year olds %)	82	94	72	99	82
Total fertility rate (births per woman)	3.4	2.2	2.2	2.3	2.7

Source: World Health Organization,2013

2.5 Actors in health

In the context of this study, it is important to mention the actors in the health sector. Pakistan's mixed health system has a strong post -colonial imprint with a national health services model operating but with several gaps. This health system principally involves three sets of actors-state actors, health

providers and beneficiaries (Siddiqui et al. 2009). State actors include stakeholders in the public sector within and outside the health system.

In Pakistan's context, the former category includes the ministers and secretaries of health, the civil and technical bureaucracy, other staff at the federal, provincial and district levels, and human resource in administrative roles in health and related facilities. Then there is the Ministry of Health, the provincial departments of health, Executive District Officers (EDOs), regulatory bodies and other autonomous agencies. At the political level, state actors include committees of parliamentary oversight. Public actors beyond the health sector, which have a role in shaping the sector, include the Ministry of Finance, the Planning Commission, Public Employee Unions, Public Procurement and Distribution Agencies and Insurance Companies (Nishtar, 2010).

The second set of actors includes health service providers in the state and non-state actors. The third set of actors includes beneficiaries; these can be classified on the basis of income, location or by the category of services needed. Many factors other than conventional actors also influence health decision making. The role of media, political parties, advocacy and human rights organizations, civil society watchdogs, think tanks, and businesses in influencing decision making are well recognized. In Pakistan's situation, particularly in the local government realm, landlords, land mafias exerting a hidden sinister influence, religious groups and other factions also shape the societal, political culture and hence influence health decisions (Siddiqui et al. 2009).

All these actors interact in a highly complex manner within various streams of health systems. It is important to analyse some health care programs in Pakistan to underline specific gaps in public health services and which reflects on the health systems in Pakistan. Even though there has been a noteworthy increase in national health programs in the last two decades,

which has had a positive impact on the healthcare system, their contribution could be strengthened. Since its initiation in 1978, Pakistan's Expanded Program on Immunization (EPI) has aimed to significantly improve child and maternal health through immunization against tuberculosis (TB), measles, tetanus, diphtheria, pertussis, hepatitis B, and poliomyelitis. However, many targets, such as the elimination of polio and measles, have still not been met and WHO figures paint a dismal picture of the situation. Unfortunately, Pakistan is observed to have reported more cases of polio in 2011 than any other country in the world. Although the number of polio cases had decreased overall by 2011, this decrease was offset by the hundreds of thousands of cases of measles reported the following year (Afzal and Yusuf, 2013). The low rate of immunization was the main cause of this epidemic, and points to the EPI's limited outreach in routine immunization coverage. Among the crucial barriers to successful routine immunization areas are low demand and social resistance to vaccines by certain groups.

Pakistan also has a high TB prevalence—responsible for 5.1 percent of the national burden of disease (World Bank, 2010). The government's National Tuberculosis Control Program has initiated advocacy and social mobilization, and coordinated with other national health care programs such as the Lady Health Workers Program at the community level. This makes it easier to identify cases of TB. Additionally, the National Nutrition Program uses the TB control program to provide micronutrients to TB patients (World Bank, 2010).

Under the Family Planning and Primary Health Care Program, the Lady Health Worker Program had recruited more than 103,000 Lady Health Workers (LHWs) by March 2012. Around 76 percent of the target population is now covered by LHWs (Khan, 2013), which has accelerated routine immunization for children across the country and brought about some improvement in antenatal care, contraceptive prevalence, and skilled birth attendance in the areas covered. LHWs are trained primarily at basic health units (BHUs), to which they also refer their clients. However, absenteeism

and an inadequate supply of medicines at the BHUs mean that many patients are still denied both preventive and curative treatments.

2.6 Donor Assistance

Development assistance has the potential to impact policies, structures and planning in Pakistan, not only by virtue of its size and the conditionality it can demand as a precondition for funding, but also because of limited capacity within the state system, which makes policies to be donor driven. A range of multilateral and bilateral donors, the UN system, and global health initiatives are currently contributing to assist with healthcare delivery in Pakistan. All these development agencies have projects of varying durations in different cycles. Resources are released at different times, disbursement and expenditure in government and donor systems is often incomplete and inaccessible and sometimes non-concordant. It has been shown that donors allocate 62 percent of their total allocations on budget (Siddiqui et al. 2009).

2.7 Decentralisation and Health

With the promulgation of the 18th Constitutional Amendment and the 7th National Finance Commission Award, health has now become a provincial subject. The provinces' newly empowered status renders huge responsibilities in terms of formulating policy, streamlining functions, raising funds, and ensuring that existing facilities run smoothly. The National Health Policy of 2009 is no longer relevant in light of the organizational reforms post-2010. At present, there is no national health policy to guide the provinces. While they are expected to develop their own policies, they will still need guidance from the centre, especially the smaller provinces, and Pakistan will still require a coherent national agenda for health (Afzal and Yusuf, 2013).

The increased provincial responsibilities require enhanced institutional and management capacities, which are lacking at the moment. The provinces not only need to formulate their own health agendas, they also require skilful execution of these policies and sensitive monitoring systems to gauge performance. While the federal government continued to run the vertical

programs till June 2013, they were eventually taken over by the provinces, and the efficacy of these programs may be threatened by this transition. The historic 18th Constitutional Amendment was passed by the National Assembly on April 8th, 2010 and by the Senate of Pakistan on April 15th, 2010. Subsequently, the Amendment signed into law by the President of Pakistan on April 19th, 2010 (Bhatti, 2012).

The 18th amendment was supposed to have brought about a set of comprehensive structural changes to guide and redefine the nature of governance in Pakistan. It was believed that the chronic disconnects between the Federation and its constituents have been bridged to a greater extent. In this sense of restoring balance between the Federation and Provinces, the 18th Amendment was supposed to emerge a landmark piece of legislation that could lead to a paradigm shift in Pakistan‘s mode of governance and constitutional architecture(Shafqat, 2011).It has been analysed by some experts that the general intention of the 18th amendment was to amend the power-retentive effects of the previous amendments and to diminish the feeling of distrust that the provinces had been concealing for each other in absence of any form of power-sharing and autonomy from the centre. Some analysts have termed this spirit of reconciliation as the ‘new wave of political consensuses’ in Pakistan (Bhatti, 2012).

In the Pakistani federal scheme, the Council of Common Interests (CCI) was created in 1973 to harmonize federal-provincial relations and follow the spirit of federalism. It was a new approach after bitter experiences of One Unit characterized by centralized decision making and denial of provincial rights that resulted in East Pakistan tragedy in 1971. Even after this tragic episode, the Pakistani federal experience had been characterized by continued conflicts and crises between the federation and provinces for greater autonomy and control over natural resources (Bhatti, 2012).

The 18th Amendment has introduced two major steps: (a) expanding the scope of Federal Legislative List-II and (b) revitalizing the composition of the Council of Common Interests (CCI). In the new scenario, the Council has emerged as one of the most important forums in the revitalized federal institutional framework (Rabbani, 2012). However, after about five years of the introduction of the 18th Amendment, the process of transition management of devolution led by this Amendment is passing through teething problems. Provinces are faced with challenges of policy planning and strategizing the devolved functions and subjects.

The process of transition management and implementation of the 18th Amendment has been affected by a combination of deficits of vision, capacity and strategy at the provincial level. There has been a complete disconnect between policy formulation and participation of citizens in the process of implementing the 18th Amendment. It has been noted that Provinces do not have a clear, strategic plan of action and are mostly engaged in bean counting and focused on the transfer of assets, liabilities and human resources as well as on operational issues relating to the devolved functions and subjects (Bhatti, 2012).

2.8 Background to Health Policies in Pakistan

The efforts to formulate a national health policy secured momentum during the 1970s. The Peoples Health Scheme announced by the government in 1972, called for a vastly increased expenditure for health (Khattak, 1996). The policy emphasized on rural health facilities and preventive aspect of health care. As part of implementation, new hospitals and medical colleges were established. Pakistan Medical Association (PMA) opposed the scheme on the grounds that it lacked provisions regarding medical professionals.

After discussions with the government, the PMA came up with an Alternative Peoples Health Scheme. This scheme recommended that more emphasis should be given to prevention; priorities should be set within the health

sector, for example components of primary health care, including child health, supply of potable water, sewerage system, etc. In October 1973, the Planning Commission set national guidelines, which further emphasized on rural health facilities. These guidelines were further influenced by a health planning exercise conducted by WHO in 1975 (Khattak, 1996).

The decade of the seventies can be regarded as the starting phase of a serious debate and consideration regarding health policy formulation. However, not until 1988 were efforts once again made to formulate a national health policy. This was after a long period of Martial Law. After detailed deliberations, a health policy was presented in 1990 that set its objectives to be achieved within ten years. However, after the dissolution of the government in 1996, the implementation of the policy could not be undertaken. In 1997, the new government announced its health policy for the next ten years, however, after two years, the government was dissolved and the successive government presented its health policy in 2001, which also set its objectives to be achieved within the next ten years. However, poverty alleviation efforts of the government backed by the international community and critique on the policy have compelled the government to revise the 2001 policy (Lashari, 2004).

Different versions of health policy could be described in Pakistan's context. The five-year plans have remained strong instruments of policy planning. Different reform commissions set up by the government also reinforced the five-year plans in decision-making (Lashari, 2004). There are only a few documents, which could be considered as separate health policy documents. These include the Peoples Health Scheme of 1972 and the National Health Policies of 1990, 1997, 2001 and the draft policy of 2009. Pakistan has a very centralized healthcare system. Even after devolution, the Provinces are looking towards the centre where the Ministry for National Health Services Co-ordination and Regulation exists.

Although the Federal Ministry of Health is formally responsible for all these tasks realizations is strongly dependent from other governmental bodies such as Planning and Development Division (P&D Division), the National Economic Council (NEC), the Executive Committee of the National Economic Council (ECNEC), the Economic Coordination Committee of the Cabinet (ECC), and Provincial Developmental Working Party (PDWP). These institutions are engaged not only with health affairs, but with other sectors of public policy as well. The P&D Division plays an important role in health planning in collaboration with the Ministry of Health. The NEC, being the supreme policymaking body, has an overall control over planning and approves all plans and policies in the country including health. The content of National Health Policy 1990, 1997 and 2001 clearly show that the main focus in formulating the health policies was on clinical health care (Khan, 2005) Such approach may hinder the understanding of more behaviour-related health problems and may pay less attention to other determinants of health and disease lying outside the biomedical model of health.

At the provincial level, provincial ministries of health in collaboration with the PDWP are engaged in health planning. Below the provincial at district (local) level, no planning activity takes place. Districts are responsible only for the implementation of plans, policies and recommendations of the federal and provincial government. Health planning is hardly flexible, participative and Integrated with other decision-making processes in Pakistan (Bjorkman, 1986; Green et al. 1997).

Many studies have stated that health planning in Pakistan has largely consisted of the production of planning documents, and the preparation of formal documentation for short-term measures (Ali, 2000; Bjorkman, 1986; Green et al. 1997). Many observe that health policies and planning documents in Pakistan set ambitious targets in the absence of a concern about distributional aspects of health status, services, and providing enough

details about how objectives will be translated into practice or how realistic they are (Ali, 2000; Green et al. 1997; Siddiqi et al, 2004).

It is important to know the history of the national health policies in Pakistan so far. Health policy completely neglected many important health issues like non-communicable diseases, drug addiction, provision of safe drinking water, and health care affordability issues of general public. Overall, the implementation of the policy was very limited. At present, after a decade, very few targets have been achieved, while some are far behind and for some there was no step taken at all (Tarin et al. 2009). The health policy trajectory of Pakistan is shown below. It can be seen that there is an inconsistent gap between the succeeding national health policies.

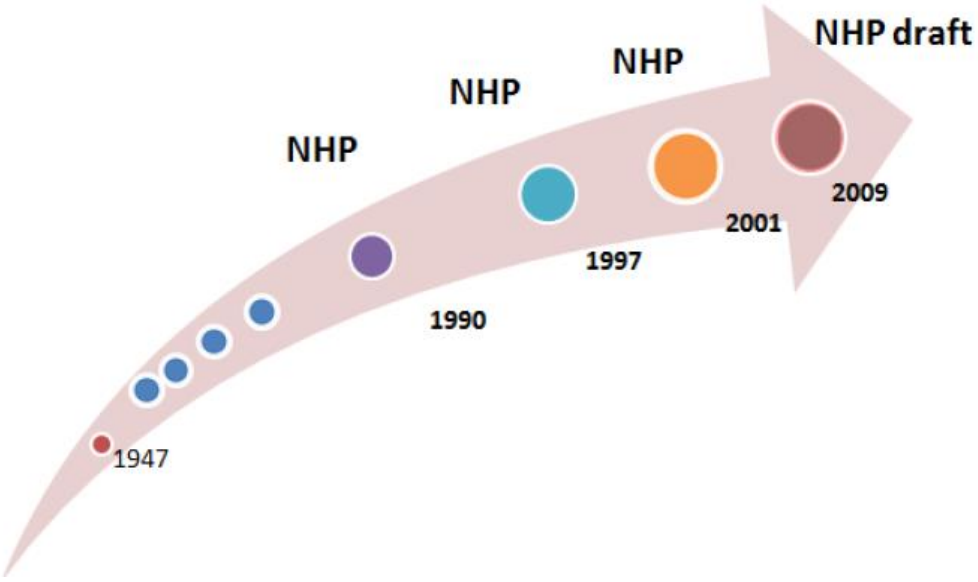

Figure 3: Health Policy journey of Pakistan since its inception
Source: Masud, 2011

2.9 Content of health policies

The first National Health Policy of Pakistan (1990) confirmed high commitment to health by announcing an intention to increase governmental health expenditures from 2% to 5%. This policy aimed to provide universal health coverage to the people in accordance with the Health for All Concept (HFA), moreover special attention was given to clean water, sanitation, housing and family planning to prevent diseases and to improve health. The policy also introduced several programs like maternal and childcare, immunization and nutrition (Pakistan, 1990). The announcement of formal policy with high commitments was a positive step from the government, however in practice this was never realized as health expenditures did not increase during the following years (Ali, 2000).

In 1997, the second National Health Policy was announced, due to failure of the previous policy to adequately address primary health care outline. This policy was based on the concept of health for all, with the aim of making health services more responsive to current health needs. A special attention was given to HIV/AIDS, cancer, diabetes, (road traffic) accidents, violence and crime, tuberculosis and mental health. Several health programs were also included in policy like immunization, family planning, maternal and child health, reproductive health, malaria control, tuberculosis, HIV/AIDS, and cancer control (Pakistan, 1997). Though, this policy was considered more comprehensive as compared to 1990 policy, the basic HFA principles of equity, participation, and collaboration were not assured (Ali, 2000, Khan, 2006, Hameed, 2008). Policy could not work as it was overruled by a new health policy that was announced in 2001.

National Health Policy of 2001 was again claimed to be based on the Health For All approach (HFA). It addressed many health issues and ten key areas were identified as targets to work on. Though the policy was based on the concept of health for all, it did not address any intervention for collaboration of different sectors, ministries, organizations or actors to achieve the comprehensive goals of health for all (Khan, 2006). Moreover, scant attention was given to the basic principles of equity, efficiency, participation and collaboration (Khan, 2006). Health policy completely neglected many important health issues like non communicable diseases, drug addiction, provision of safe drinking water, and health care affordability issues of general public.

The overall approach in the policy seems to be based on biomedical concepts of health with major focus on healthcare infrastructure. No attention has been given to environmental and lifestyle determinants of health; not even in the key area focusing the spread of communicable diseases. The priority actions of reducing prevalence of communicable diseases were immunization interventions and screening to treatment thus completely ignoring environmental and social determinants of health. This policy also focused on main inadequacies of the deficient state of equipment and medical personnel at district/tehsil level hospitals and BHU/RHC level with many promising focuses. The issue of absenteeism among staff was also highlighted in the policy. However, the inspection reports of 2009 from Punjab province show that still many staff members either were absent from duty or were coming later. While at the same time, many staff positions were vacant (PHSRP, 2011).

One of the critical issues related with the health policy 2001 was a lack of synchronization with other guiding initiatives like the Mid Term Development Framework (2005-2010), Poverty Reduction Strategies Papers, Millennium Development Goals, Provincial level strategic frameworks and Medium term

budgetary framework processes; where some of the policy initiatives are ignored while new focuses introduced that were not in the policy agenda (Pakistan, 2009b).

The zero draft of health policy 2009 also highlights that the 2001 policy was ineffective in terms of producing a measurable impact on intended beneficiaries. It was also unbalanced in terms of benefiting relatively more urbanites and it is gender insensitive (Pakistan, 2009b).The draft policy of 2009 was also sometimes referred to as 2011 policy. However, it is evident from above policies that the implementation of policies has been a major problem right from the start without looking into the factors leading to the non -implementation of policies. It seems that all these were long documents, which were addressing the core health issues on just the paper. There is an evident disconnect between the policies since the beginning.

2.10 Examples of failed policies in health sector

The Polio Eradication Initiative was launched in Pakistan in 1994, 15 years after the launch of the Expanded Programme for Immunization. Since 2000, the Polio Eradication Initiative has been following the successful approach in developed countries, supplementing routine polio immunization with huge countrywide campaigns several times a year to deliver drops of oral polio vaccine to every child under the age of five years. Over the past 9 years, 88 rounds of Supplementary Immunization Activities have been conducted with nationwide coverage funded by the Global Polio Eradication Initiative – a global partnership of the World Health Organization, the United Nations Children's Fund, the Centres for Disease Control and Prevention, Rotary International and other major donors (Tarin et al. 2009).

The initial success of the Polio Eradication Initiative in Pakistan was remarkable. The number of confirmed cases of poliomyelitis based on acute flaccid paralysis surveillance data, from across the country declined from 1155 cases in 1997 to 28 in 2005 the lowest ever recorded in one year. A

very sensitive nationwide reporting system was built up to assure the detection of all remaining polio cases. The system captures all children aged less than 15 years with acute onset flaccid paralysis, and includes subsequent laboratory testing of stool specimens (AFP surveillance, 2006). However, since 2007, there has been a marked resurgence of polio cases, in 2008; eight cases were reported in Punjab, the largest province in Pakistan, home to more than 60% of the country's population, compared to zero cases reported in 2007.Failure to achieve polio eradication demonstrates the importance of determinants outside the health sector in influencing health status. The resurgence of polio in areas far from the western border, such as in Punjab province, indicates that weaknesses in the delivery of services and broader issues of health systems' governance are a major factor in the failure to achieve eradication (Mangrio et al. 2008).

Bureaucratic and political hurdles seem to have widened social inequities particularly in EPI coverage. The problems hampering the routine immunization related mainly to lack of incentives and restricted mobility of health workers in the field. Political interference, flaws in monitoring, the disinterest of facility based doctors and lack of private sector involvement in the provision of vaccine are other major problems. National immunization days (NIDs) so far had a negative impact on routine immunization coverage (Mangrio et.al.2008). It is consistently observed that the system provides opportunities in many areas for institutionalized malpractice, primarily geared towards robbing resources from the system. Staff misconduct is often ignored due to collusion between staff and inspectors. As a consequence, staff remain absent from duty, do not run field operations and divert vaccine for use in private facilities.

2.10.1 Maternal health policy in Pakistan

Experience in Pakistan has shown that stakeholders such as the government and the donors have a lot to do with the success of a program. The achievements of the Lady Health Workers (LHWs) Program in the 1990s

were due to the firm political commitment and will of successive governments backed by the availability of resources. On the other hand, the Social Action Program continued to survive despite its less than expected performance due to continued donor support, as it was the principal instrument of donor investment in the social sectors (Siddiqui et al. 2004).

Several crosscutting maternal and child health system issues have policy and programmatic implications, which include weak policy and planning capacity at the federal and provincial levels. Inadequate information system and limited use delay evidence based policy development. Segregation of reproductive health services under two ministries is responsible for duplication of effort, system inefficiencies and poor coordination. Provincial health departments have not shown themselves to be great implementers of programs. Many programs are implemented vertically and often do not talk to each other. The result is that directorates in the provinces have remained weak and coordination poor (Siddiqui .et al.2004).Lack of clear policy in the development of human resource for maternal services and poor personnel management practices has been a major contributor to poor performance. In the absence of a clear policy and framework for the for-profit sector, commercial interests are taking priority over social goals.

2.10.2 Pakistan's population policy

Some patterns were evident in Pakistan's population policy on two levels. First is the political context in which the policy of 'population control' has been rooted. This context has been influenced to varying degrees during the Ayub, Bhutto, and Zia periods by the role of religion in politics, the influences of Western donors, the effect of international development ideology, and the political utility of the population programme to each government. Second, over the last 35 years, Pakistan's population programme has been riddled with problems of implementation that have essentially remained unchanged. These include an over-centralized and bureaucratized programme which relies too much on the power of 'key individuals', a poor working relationship

between the government and non-government sectors, and a lack of coordination between population and health within government. These deep-rooted structural problems within the programme cannot be resolved without addressing the policy context in which they have evolved (Khan, 1996).

The tension and discordance between the key players in the policy sphere is quite evident in some of the above examples and could be attributed as deep-seated structural problems. This is not new in the Pakistani context and still goes on further complicating the already complex policy implementation.

2.11 Causes of policy implementation failures in Pakistan

2.11.1 Unclear or ambitious policy goals

It has been observed that most policies and plans are inefficient in learning from past experiences. As a result, they often develop ambitious targets, which ultimately fall short of their desired outcomes (Ahsan, 2003). One of the main reasons for such a situation is the absence of reliable data for planning in Pakistan. It is often the case that even official documents carry discrepancies. Ahsan (2003) has shown that great variation exists among many official and semi-official sources, including such basic educational statistics as the percentage of literacy. Tsang (1988) strongly suggested that there is a dire need in developing countries to strengthen the informational base to improve policy frameworks. Policy makers often face the challenge to devise clear policy goals with well-defined implementation plans and evaluation mechanisms, and as Wildavsky (1975) suggest a lack of reliable, present knowledge results in poor policy outcomes.

2.11.2 Political commitment

The problem related to politics and politicians sits at the root of the problems of implementation in Pakistan. Literature on implementation highlights the importance of political commitment by leadership as critical to policy success (Sabatier and Manzamian, 1983). In the case of Pakistan, there have been many instances where governments have failed to provide the political support needed for implementing and sustaining policy initiatives. Each new

government has discontinued most programmes of its predecessors, soon after assuming power, for example, a literacy project titled Nai Roshni (new light) was launched in 1987 and was discontinued in 1989 with the change of government (Ahsan, 2003). Other programmes in health and education have also failed due to low political commitments both at federal and local levels (Akhtar, 2004).

Ideally, elected representatives are expected to improve education and health in their constituencies by facilitating proper implementation of development programmes. Instead, they reward their favourites by posting them to their desired locations, and allocating lucrative contracts to them. These predominantly feudal tendencies among the majority of elected representatives hinder improvement in any sector be it health, education, or others (Haq and Haq, 1998). Parliamentarians are also unsure of their tenure, due to continuous political instability; hence many are mainly preoccupied with strengthening their chances of getting re-elected.

For these reasons, parliamentarians use their political patronage ineffectively, which causes serious harm to the goals of development projects such as the Social Action Programme (SPDC, 1997). This lack of political will and sustained lack of interest amongst the political leadership largely leaves the task of mass literacy to the civil services which also has been unable to improve the situation so far (Ahsan, 2003).

2.11.3 Governance structure

The issues of ineffective governance and corruption, particularly among politicians and civil servants, have also been described as a major obstacle to proper policy implementation in Pakistan (World Bank, 1997). One of the major reasons for the ineffectiveness of governance is lack of coordination and trust among political representatives and government officials, and also the lack of cooperation among different government departments (Aga Khan University Institute for Educational Development & Department for

International Development, 2003). In the case of the social action program, the lack of trust among finance and education departments has caused a shortage of finances for the project, which has seriously affected the envisaged outcomes (World Bank Human Development Sector Unit, 2003).

The lack of cooperation among different organs of government and their mutual disrespect create several 'clearance points' that hamper the overall organisation and implementation of policy. Eventually due to distrust among different agencies and due to the tendency of civil services to resist change, the policies are implemented only symbolically (Sabatier and Manzamian, 1983).

Currently, under the devolved district system, the tension between provincial and district governments due to lack of role clarity has caused serious difficulty for authorities under the new political system. Lack of proper accountability mechanisms, excessive transfers and corruption are also mentioned as serious governance issues, which affect the proper implementation of development programmes (World Bank, 1997). Developing countries in general are criticised for their high level of corruption in the machinery of government, and Pakistan is no exception. According to World Bank research, Pakistan falls well below average on key governance indicators, including corruption (Stern, 2001). Frequent transfers of officials among bureaucracies further aggravate the Issue. Stern (2001) is of the view that 'as soon as a reform program begins to take shape, which almost inevitably threatens the interests of some deep-rooted and powerful group– the top bureaucrat is dismissed and the reform once again loses momentum'.

2.11.4 Centralisation

One of the recurring criticisms of health and educational planning in Pakistan is its orientation towards centralisation. Usually the policies and plans are developed in the capital with little or controlled consultation with concerned

stakeholders. Due to this centralisation, policies often fail to capture the subtleties of initiatives at grassroots level, and therefore appears alien to the managers who have to implement the policy (Memon and Wheeler, 2000). The distance of policy makers from practice not only causes problems for managers, but also creates a lack of harmony among different elements of the same policy, and among the different units. Thailand's experience of health and education improvement suggests that involving those who are most affected by policy during the planning phase is strongly related to successful implementation (Wheeler et al. 1989).

2.11.5 Resources

Both financial and technical resources along with quality human resources are key factors that contribute to the proper implementation of any policy, particularly if a policy requires the creation of new structures and the hiring of new personnel (Sabatier and Manzamian, 1983). A unique problem of policy in developing countries like Pakistan is their dependence on foreign aid and loans to bridge the budget deficit and finance their development plans. Financial dependence increases the political pressures (Haque, 2004).

The above discussion clearly shows that many of the Low and middle income countries (LMICs) generally and Pakistan, particularly have been facing implementation problems for most of their policy history. Time and again, the failure of policy implementation has been attributed to some or all of the earlier mentioned conventional factors. It is surprising to note that even after recognising these factors and their integration into subsequent policies, there has not been any significant improvement in policy outcomes. This situation invites us to revisit the factors that affect policy implementation and which have been overlooked by the mainstream policy literature.

2.12 Conclusion

Pakistan has seen twenty-four governments in the past sixty-five years, including fifteen elected or appointed prime ministers, five interim governments and thirty-three years of military rule under four different leaders. Pakistan history is filled with governance failures. Narrowly based

elite and personality and family-owned political parties advanced their parochial interests in Pakistan. Parliamentarians in general aimed to multiply their wealth under state patronage. There is no culture of elections within the political parties.

There is a long history of national health policies being launched without ever achieving the required targets. Patronage culture is so common in the health sector with the favourites being appointed in all the departments, even if they are not the right person for the right job. Pakistan's future is still under the shadow of corruption, bad governance and misdirected foreign, health and economic policies. Political instability and bad management of the national policies be it in health, finance, education or others reflect a high degree of incompetence and inefficiency of the political leadership in the country. Power relations dominate every sector in Pakistan.

Chapter Three: Methods

3.1 Introduction

This chapter begins with the study design of the research, the rationale, overall approach, the conceptual framework, methods, sampling procedure, collection and in detail the process of analysing the data. The researcher also reflects on her positioning as an insider/outsider and her learning process, which evolved during the course of this study. It is concluded with the ethical implications and the limitations of the study.

3.2 Study design and rationale

At the outset of the study, a range of research methods was reviewed and assessed and an initial, provisional view was formed that qualitative methodology would be the best suitable for this study. As the study was primarily exploratory in nature, the study design had to be sufficiently flexible. A qualitative inquiry was chosen to meet the research objectives, given its appropriateness in explaining a complex process or phenomenon from a more personal and subjective perspective (Denzin and Lincoln, 1994).

Denzin and Lincoln (1994) define qualitative research in the following manner:

“Qualitative research is multi-method in focus, involving an interpretive naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomenon in terms of the meanings people bring to them”(p.2).

Alternatively, Creswell (1998) defines qualitative research as:

“An inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture analyses words, reports detailed views of informants, and conducts the study in a natural setting”(p.15).

This study used the qualitative approach with semi-structured interviews to explain the views of policy makers and implementers. Since little research has previously been undertaken on policy implementation process in Pakistan, especially in health, this design helped the researcher to gain an understanding of issues in this area.

Crotty (2010) acknowledged that when embarking on a research study, the researcher starts with a real life issue requiring investigation. This in turn leads the researcher to appraise different methodologies and assess their applicability to the research questions proposed. Creswell, Plano Clark and Garrett stressed that 'researchers must display ingenuity in building customised solutions to their methodological dilemmas using their research experiences' (2008, p. 81). This may result in the need to develop a blended approach if there is no single methodology that meets the needs of the researcher.

Crotty (2010) identified four key elements of the research process, each of which requires careful consideration and alignment in the research study. The four elements were:

1. Epistemology – the theory of knowledge embedded in the theoretical perspective and thereby in the methodology
2. Theoretical perspective – the philosophical stance informing the methodology and thus providing a context for the process and grounding its logic and criteria
3. Methodology – the strategy, plan of action, process or design lying behind the choice and uses of methods and linking the choice and use of methods to the desired outcomes
4. Methods – the techniques or procedures used to gather and analyse data related to some research question or hypothesis.

Building on the work of Crotty (2010), Creswell and Plano Clark (2011) adapted these four elements, which they described as levels, as outlined below:

- Paradigm Worldview – the 'philosophical assumptions' encompassing aspects such as the epistemology and ontology. The definition of epistemology being 'what is the relationship between the researcher and that being researched?' whilst the definition of ontology is 'what is the nature of reality?'
- Theoretical lens or foundations – this provides the 'stance' or direction for the research study
- Methodological approach – 'a strategy, a plan of action or a research design' for example quantitative or qualitative methods
- Methods of data collection – the tools used to gather data, for example questionnaires, interviews or focus groups.

  This is shown diagrammatically below as presented by Creswell and Plano Clark (2011).

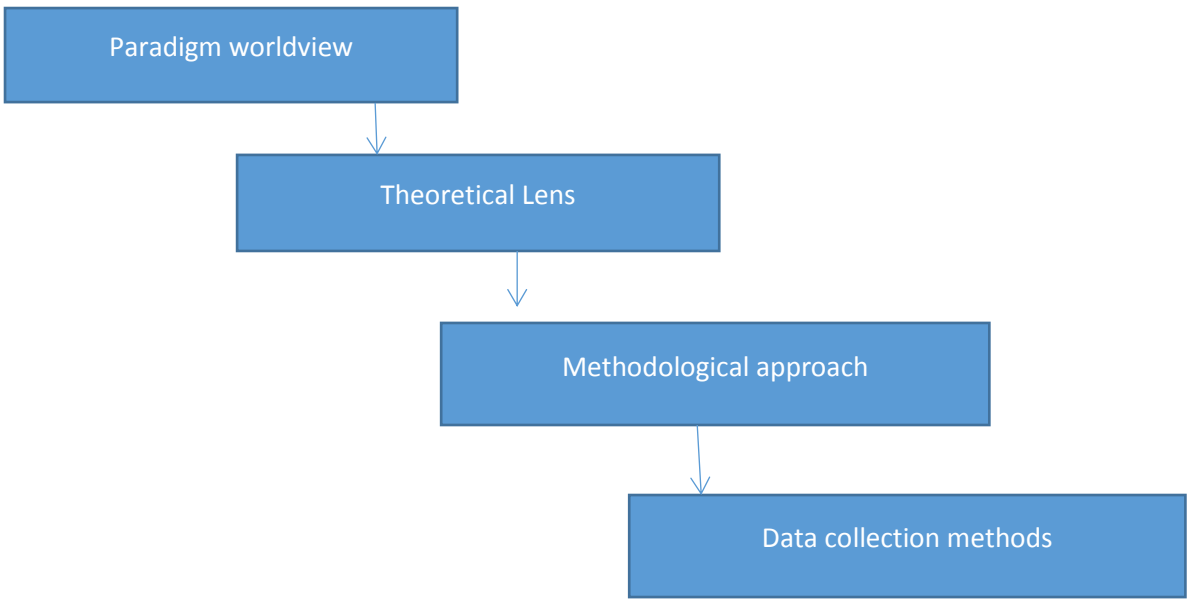

Figure 4: Four levels of research study

The paradigm worldview influences how the research is undertaken, analysed and reported. It encompasses epistemology as ‘the relationship between the researcher and that being researched’ and ontology as ‘the nature of reality’ (Creswell and Plano Clark, 2011).

Epistemology relates to the study of “the nature of knowledge (Schwandt, 2001), its possibility, scope, and general basis” (Hamlyn, 1995). In other words, it is a way of “understanding and explaining how we know what we know” (Crotty, 1998) and could be embodied in several theoretical stances. Given the scope of the thesis that seeks to explore the complex nature of the relationship between diverse actors, the influence of structures and discourse on the environment within which they act, and the power issues embedded within, this study adopts the epistemology of social constructionism.

According to the constructionist paradigm, truth or meaning comes into being through our engagements with the world we interpret, and all knowledge is derived from and maintained by these social interactions (Crotty, 1998). This research views constructionism as an overarching paradigm .The researcher considered a range of options for underpinning epistemology for this thesis before concluding that constructionism was the most appropriate. The rationale for this choice was that the constructionist viewpoint summarizes the position that ‘meanings are constructed by human beings as they engage with the world they are interpreting’ (Crotty, 2010). This approach takes into account the role that individual interviewees have in influencing or interpreting how effective or successful particular policy initiatives have been along with the role of the researcher in understanding and interpreting the data (Patton, 2002), both of which were of critical importance in this study.

This stance enables the research design to emerge as the study progresses, which in the context of this particular thesis meant that the key lines of enquiry were influenced by constant comparative analysis and literature review (Clarke and Dawson, 2005). Furthermore, it supports the use of a

semi-structured interview schedule with the flexibility to explore new lines of questioning during interviews where this was felt to be relevant to the thesis.

The theoretical lens has been described as being the ‘standpoint taken by the researcher that provides direction’ for the research study (Creswell and Plano Clark, 2011). In literature and practice, methodology is used very loosely to mean anything from schools of thought to tools of data collection. However, in Kaplan’s (1964) terms, methodology “helps us to understand, in the broadest possible terms, not the products of scientific enquiries but the process itself”. For the purpose of this research, methodology is understood as the description and explanation of the study that guides and justifies the choice of its methods, clarifying their assumptions and outcomes, in other words, a “strategy for enquiry” (Denzin and Lincoln, 2000).

Methodology is concerned with a set of assumptions about the nature of reality, the role of the researcher, concepts of action and the social actor, and a range of methods for dealing with the research problems (Silverman, 2006). In order for a piece of research to achieve its aims and objectives, suitable tools and techniques have to be adopted. These tools may be qualitative or quantitative in nature or a combination of both. Qualitative research targets a particular area of research and explains what is happening in this area and why. Qualitative research does not produce generalizable results: the methods are exploratory and descriptive in nature and not usually used when theory testing is required unlike quantitative research. Quantitative tools are normally used to empirically prove or disprove a specific theory, to revise or modify it after it has been tested (Bryman, 2007). Emerging from postmodernist tradition, research which draws on qualitative enquiry believes that reality is made up of a multiplicity of voices, views, and meanings and that each representative is context and time dependent (Cheek, 1999). Consequently, it adopts an inductive approach to investigation and analysis as shown on the next page:

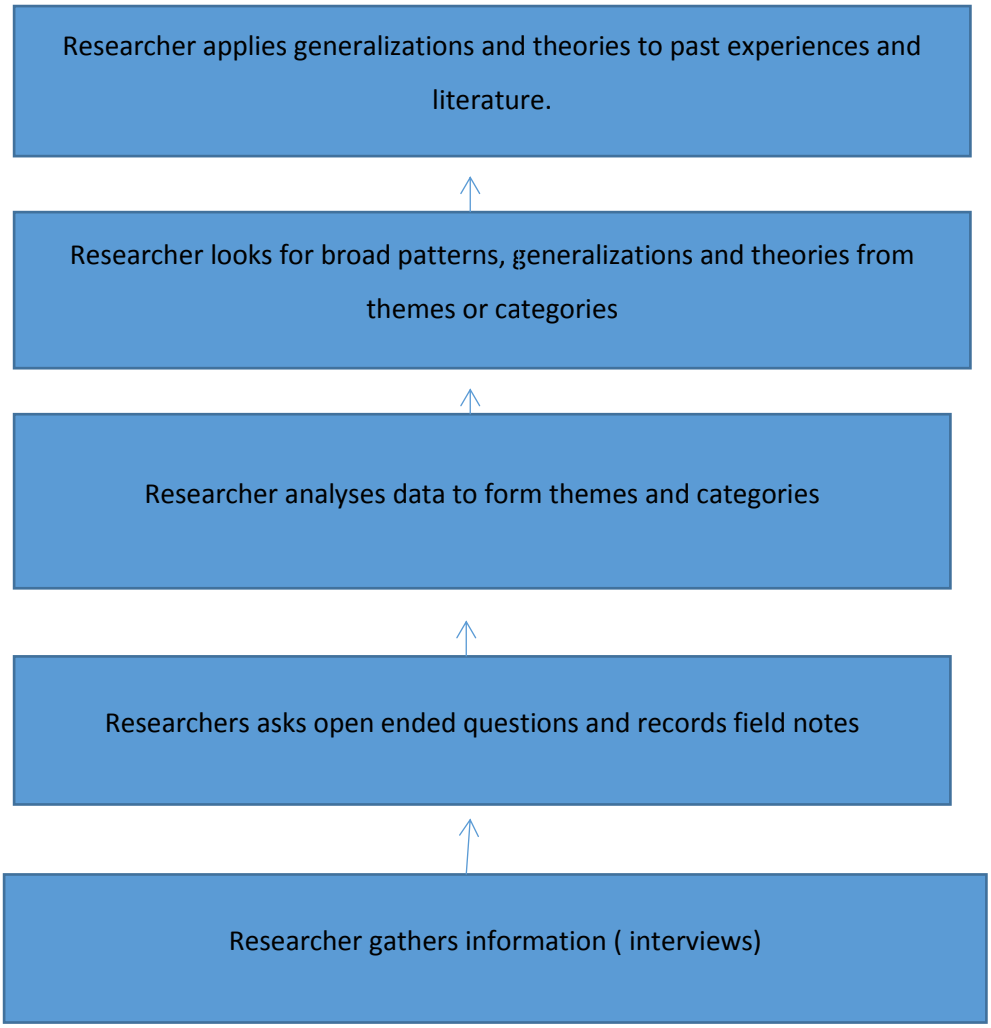

Figure 5: The inductive logic of research in a qualitative study

Source: Creswell, 2009

The researcher begins by gathering detailed information from the participants, analyses this information and generates categories and themes. These themes are developed into broad patterns, theories or generalizations which are then compared with personal experiences or existing literature on the topic.

3.3 Development of the Conceptual framework

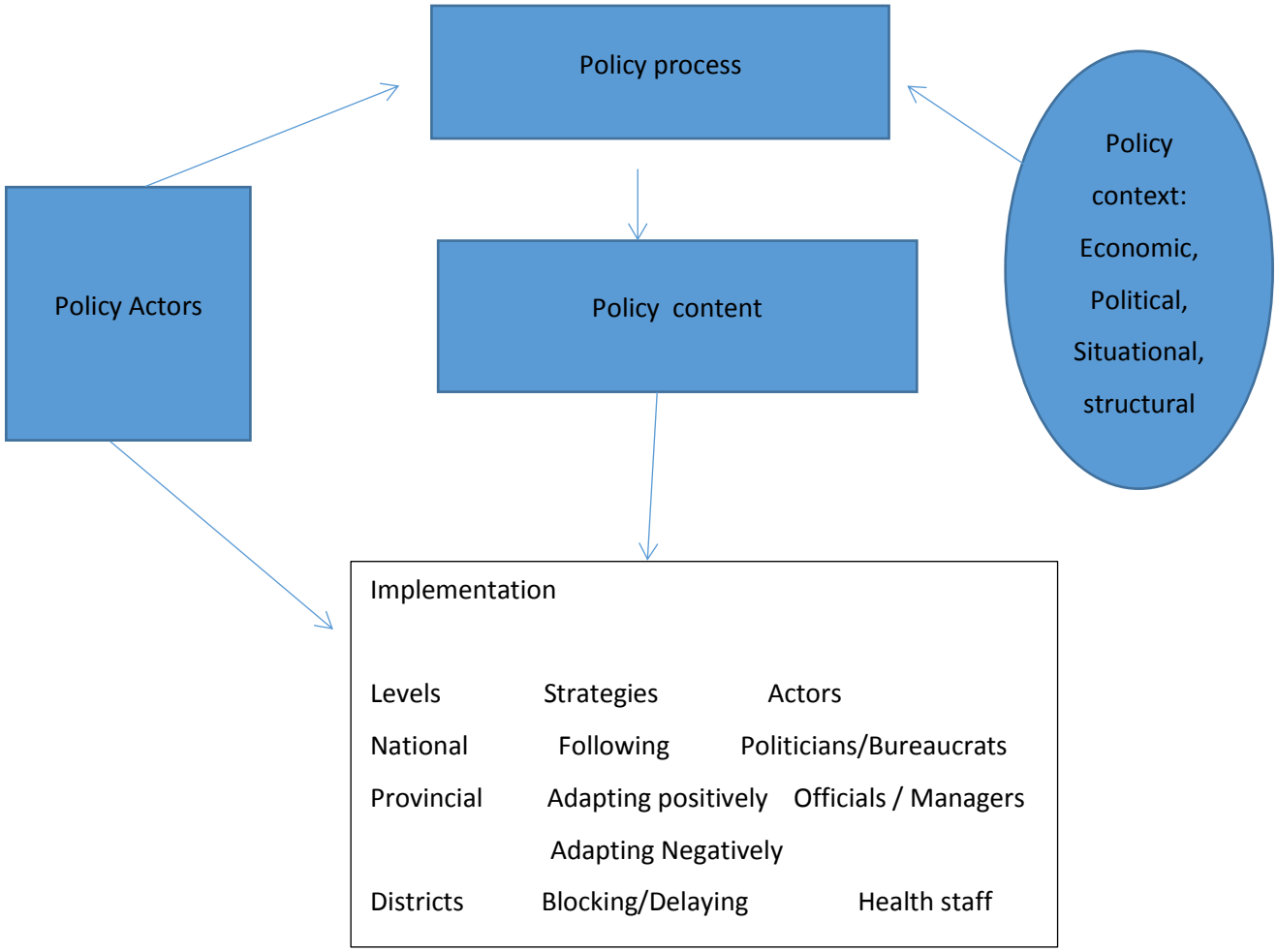

Figure 6: Second version of the conceptual framework

The conceptual framework illustrated above is the second version of the original framework. This was developed during the initial stages of data analysis. It shows the policy process, context, content and actors to affect implementation. The implementation at different tiers of the government is influenced by the strategies adopted by key policy actors. These actors happen to be politicians, bureaucrats and other health officials who can play their role by adopting, blocking, or delaying policies.

A conceptual framework of the research is a statement that shows the key relationships which will be studied and how they are believed to be interrelated. The initial conceptual framework was developed at a very preliminary stage of the study before data collection (in light of the Gill and Walt Policy triangle) as shown as the version 1 in the appendices. Later it was informed by the discussion with the supervisor, her expert views and some preliminary emerging themes.

At the outset of undertaking a research study, the researcher will have some ideas about the phenomenon under study, but at this stage, further thinking will be required to develop the research questions and formulate the underpinning theory (Miles and Huberman, 1994). In order to facilitate this process a conceptual framework was developed which provided a systematic approach. Teddlie and Tashakkori described the process of developing a conceptual framework as being 'highly inductive' (2009). In this thesis it was used to frame the overall research process, including formulating the research questions, the development of the interview and the presentation of findings.

A conceptual framework has also been described as being a 'model of what is out there that you plan to study, and of what is going on with these things and why a tentative theory of the phenomena that you are investigating' (Maxwell, 2005). The process of developing the conceptual framework for the study provided the researcher with the opportunity to plot out the key themes visually and to explore the potential linkages between the themes in a more meaningful way than could have been achieved through the use of narrative alone. The development of the conceptual framework for this study was an iterative process, which evolved as the researcher tested out different ways of ordering and presenting the findings until the final version of the framework was achieved.

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3.4 Developing an interview guide

Qualitative research interviews are “attempts to understand the world from the subjects' point of view, to unfold the meaning of peoples' experiences, to uncover their lived world prior to scientific explanations” (Kvale, 1996). In qualitative research, open-ended responses to questions provide the researcher with quotations, which are the main source of raw data. According to Patton (1990), “quotations reveal the way in which [the respondents] have organized the world, their thoughts about what is happening, their experiences, and their basic perceptions… The task is to provide a framework within which people can respond in a way that represents accurately and thoroughly their point of view about the program”.

The interview guide approach was adopted in this research for being the most widely used formats for qualitative interviewing. This approach was seen as enabling the interviewer to cover an outline of topics or issues, while allowing some freedom to vary the wording and order of the questions. Another benefit of using the interview guide was seen especially in cases of possible deviations from the main themes, if the need would arise during an interview to probe for more in-depth responses. It was also expected that this format of the interview would remain fairly conversational and informal as the researcher aimed to establish a good rapport with her study participants and gain their confidence.

A possible drawback of using the interview guide approach was noted by Sewell (1992) who suggested that sticking to the outlined topics would prevent other important unanticipated topics from being raised by the respondent. The interview guide was believed to be flexible enough to enable the balance between covering the main areas and allowing to probe into the respondent‘s specialised or contextualised knowledge and explore new issues and ideas that might come up, with due discipline and time management exercised by the researcher during interviews.

In essence, semi-structured interviews with this research not only involved asking questions, but systematic recording and documenting of responses combined with probing for deeper meaning and understanding of the respondents' responses.

3.5 Sampling

The research adopted *a purposive* sampling undertaken at national, provincial and district levels. The choice of this strategy was in line with the methodological approach of the study. Unlike methodologies framed under the positivist paradigm, qualitative inquiry in general does not aspire for a representative sample arrived at statistically, but instead considers the quality of information supplied by a thick description of concepts under investigation. In this study, snowballing produced more potential interviewees than necessary and they were selected according to the most relevance to the subject matter and their availability for the interview. The intention was to ensure a balance between the respondents though it was not easy .

Purposive sampling refers to a process by which respondents are intentionally selected with the purpose of generating information that is relevant to the outlined aims and objectives. Purposive sampling is a non-probabilistic form of sampling. The researcher does not seek to sample research participants on a random basis. The goal of purposive sampling is to sample cases/participants in a strategic way so that those sampled are relevant to the research questions that are being posed. Very often, the researcher will want to sample in order to ensure that there is a good deal of variety in the resulting sample, so that the sampling members differ from each other in terms of key characteristics relevant to the research question. Because it is a non-probability sampling approach, purposive sampling does not allow the researcher to generalize to a population (Bryman, 2008).

Snowball sampling is a sampling technique in which the researcher samples initially a small group of people relevant to the research questions and these

sampled participants propose other participants who have had the experience or characteristics relevant to the research. These participants will then suggest others and so on (Bryman and Bell, 2007). If a qualitative interview study is to be published, the minimum number of interviews required seems to be between twenty and thirty. This suggests that, although there is an emphasis on the importance of sampling purposively in qualitative research, minimum levels of acceptability operate. This study comprises of 42 semi-structured interviews.

In general, sample sizes in qualitative research should not be so small as to make it difficult to achieve data saturation, theoretical saturation, or informational redundancy. At the same time, the sample should not be so large that it is difficult to undertake a deeper, case-oriented analysis (Bryman, 2008).

Forty-two interviews were conducted between March and October 2014. The participants were mostly politicians, bureaucrats, government officials in the health ministry, policy advisors, heads of NGOs, provincial and district health officials who have been involved in the decision-making in health or other sectors and were selected according to the pre-decided eligibility criteria. All interviews were audio recorded (except two) after the written consent of the participants. The categories of the participants are shown on the next page:

Table 3: Categories of participants

Levels	Politicians	Bureaucrats	Donors	Health Ministry officials	Advisors
Federal	9	5	1	4	2
Provincial	3	5	1	2	2
District		3		5	

The researcher tried to get a balanced sample but still there were some gaps between different levels. The number of the key informants was not even due to unavailability, busy schedules, security reasons and lack of will to participate in the study. The facility level actors were not interviewed and that is one of the limitations of this study. Some appointments were postponed and cancelled at the last moment. The researcher conducted the interviews herself and all were in English. Most of the interviews took place at their offices or residences as coffee shops or other public places were not allowed in the ethical approval.

3.6 Field work

The participants were contacted through email and telephones. The information sheet and consent form was given to all the participants before the interview. Some of them asked for the interview guide as well, which was mailed to them. However, when the actual interview took place only a few wanted to stick to it, but the rest did not even have a chance to look at it. A couple of politicians directed the mail to their personal staff and the researcher had to contact them for an appointment. Only few appointments

were on time otherwise there were cancellations, rescheduling and reappointments.

Most of the interviews were face to face. On average an interview lasted for 45 minutes to an hour, two interviews lasted for almost 3 hours and these participants were older than 60 years who were more interested in sharing their institutional memories. Only a couple of them were on skype sometimes due to personal reasons and sometimes due to security issues. Almost all of them willingly signed the consent forms and allowed the audio recording as well. Only two of the participants did not allow the recording. May be they did not have enough trust in the researcher.

3.7 Transcription

Transcription refers to the process of reproducing spoken words, such as those from an audiotape interview, in written text. In addition to spoken words, various authors have debated on the extent to which nonverbal cues (e.g., silences and body language) and emotional aspects (e.g., crying, coughs, and sighs) should be incorporated into transcribed text (Verbatim transcription refers to the word-for-word reproduction of verbal data, where the written words are an exact replication of the audio recorded words The way in which interview content is both heard and perceived by a transcriber, however, plays a key role in both the form and accuracy of transcription. It is advised that transcription forms part of the data analysis process and should be clearly disclosed in the methodology of a project (Wellard and McKenna, 2001).

The audiotaped interviews were transcribed verbatim. The interviewee's responses written down by the researcher during the interview, and the researchers observations recorded during and post-interview, were used for coding purposes. Each interview had a short contextual report describing the participant, the venue, time, place and duration of the interview. All 42 interviews were transcribed by the researcher herself. A 45 minutes or an

hour interview took on average 7-8 hours to transcribe and the researcher had to go back to the audio recording again and again. Once fully transcribed that particular audio recording was deleted as per ethical considerations.

3.8 Data Analysis

Thematic analysis was used to analyse the data, which is one of the most common approaches to qualitative data analysis (Byrman, 2008). Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within the data. It minimally organises and describes the data set in (rich) detail. However, it also often goes further than this, and interprets various aspects of the research topic (Boyatzis, 1998).

Three rounds of coding were done. The first round produced 65-70 codes per interview transcript. The codes branched out like a tree. In the second round, all the duplications and redundant codes were discarded. It was only in the third round that some patterns or categories started appearing. These categories are normally labelled as *Themes.* There were 6-7 main themes that emerged from the data. Following steps were followed while doing the data analysis as suggested by Braun and Clarke (2006).

Themes or patterns within data can be identified in one of two primary ways in thematic analysis: in an inductive or bottom-up way, or in a theoretical, deductive or top-down way (Boyatzis, 1998). An inductive approach means the themes identified are strongly linked to the data themselves (Patton, 1990) In this approach, if the data have been collected specifically for the research (e.g., via interview or focus group) the themes identified may bear little relationship to the specific question that were asked of the participants. They would also not be driven by the researcher's theoretical interest in the area or topic. Inductive analysis is therefore a process of coding the data *without* trying to fit it into a pre-existing coding frame, or the researcher's analytic preconceptions.

The first phase was to familiarise oneself with the data. If one collected it through interactive means, one would come to the analysis with some prior knowledge of the data, and possibly some initial analytic interests or thoughts. Regardless, it was vital that the researcher immersed oneself in the data to the extent to get familiar with the depth and breadth of the content. Immersion involved repeated reading of the data, and reading the data in an *active* way, searching for meanings, patterns and so on. It was ideal to read through the entire data set at least once before the researcher began coding, as ideas, identification of possible patterns were shaped as one read through.

The second phase began when the researcher had read and familiarised oneself with the data, and generated an initial list of ideas about what was in the data and what was interesting. This phase, then involved the production of initial codes from the data. Codes identify a feature of the data (semantic content or latent) that appears interesting to the analyst, and refer to "the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon"(Boyatzis, 1998).The process of coding is part of the analysis (Miles and Huberman, 1994).

The third phase began when all data had been initially coded and there was a long list of the different codes that have identified across the data set. This phase, which re-focuses the analysis at the broader level of themes, rather than codes, involved sorting the different codes into potential themes, and collating all the relevant coded data extracts within the identified themes. At this point, the researcher started to have a sense of the significance of individual themes.

The fourth phase began when the researcher had devised a set of candidate themes, and it involved the refinement of those themes. During this phase, it was evident that some candidate themes were not really themes (e.g., if there was not enough data to support them, or the data was too diverse), while others could be collapsed into each other.

Phase five began when there was a satisfactory thematic map of the data. At this point, it was defined and further refined. By define and refine it was meant to identify the essence of what each theme was about and determine what aspect of the data each theme captured. It was important not to try to get a theme to do too much or to be too diverse and complex (Braun and Clarke, 2006).

Phase six began when there was a set of fully worked-out themes, and involved the final analysis and write-up of the report. The task of the write-up of a thematic analysis is to tell the complicated story of the data in a way, which convinces the reader of the merit and validity of the analysis. It is important that the analysis provides a concise, coherent, logical, non-repetitive, and interesting account of the story the data tells within and across themes.

The inductive analysis of the qualitative data was used for this study following all the above steps. An overview of the coding process is shown in the table on the next page. The intended outcome of the process is to create a number of categories or themes depending on the topic, which in the coder's view capture the key aspects of the raw data. and which are assessed to be the most important themes given the research objectives Inductive coding, which ends up with more than about eight or nine major themes can be seen as incomplete but again it depends on the topic.

Table 4: Creation of categories

Initial read through text data	Identify specific segments of information	Label the segments of information to create categories	Reduce overlap and redundancy among the categories	Create a model incorporating most important categories
Many pages of text →	Many segments of text →	30-40 categories →	15-20 categories →	3-8 categories

Note: Adapted from Creswell, 2002, Figure 9.4, p. 266

3.9 Literature Search

The key terms used in the literature search were: Power, policy, health policy or process, implementation, actors, low and middle income countries, policy networks, health systems and Pakistan.

Key sources were: Electronic bibliographic databases which included primary sources like Science Direct (Date range: 1980s-present, field: Social Sciences), ProQuest (All dates), Scopus (All year). Social Science Citation Index (via Web of Science).

E-journals: primary sources were Journal of Contemporary Asia, Journal of policy studies, Journal of health policy/ policy and development, Journal of health policy and planning. Secondary sources included conference papers, newspaper articles and policy briefs. Internet websites: tertiary sources were google scholar, google book and websites: World Health Organization/ World Bank.

Initially the whole list of journals and databases was searched but as the study became narrow, just the relevant journals were searched and the literature review updated. Some of the journals and databases were quite comprehensive and others were not. However, a combination of all these helped to have a thorough literature review. The relevant literature was

searched in order to shape the direction of the research conducted for the thesis, to identify key issues to be examined and the critical gaps in evidence for further exploration in this thesis

3.10 Limitations

This study was based on a sample of individuals who were interested in participating and agreed to speak with the researcher. Therefore, this snowball sample is limited by non-random selection procedures, network size and reliance on the subjective judgments of informants. Semi-structured interviews were used to gather information and consequently not all interviewees were asked exactly the same set of questions. This approach enabled the researcher to tailor the questions to the contexts of the interviewee's experience. Additionally, where there was a saturation of information, new lines of enquiry were pursued rather than repeatedly asking questions which resulted in the same responses. A consequence of this was that it was not always possible to provide a collated response from all 42 interviewees for each issue reported; instead, it was only feasible to provide an indication of the strength of a response.

This was, however consistent with qualitative interviewing which is aimed at gaining an in-depth understanding of an issue as opposed to merely breadth of information (Silverman, 2000) and to gain insight into how things work in particular contexts. Transferability, which refers to external validity in qualitative research, is always an issue. Instead, qualitative researchers are encouraged to produce what Geertz (1973 a) calls thick description. This can provide other researchers a database for making judgements about the possible transferability to other contexts. This study can be replicated in other low and middle-income country settings. Internal validity could be a good match between researcher's observation and the theoretical ideas they develop. The researcher has tried her best to maintain a consistency between the observations and concepts, which could overcome the limitation of internal validity.

3.11 Positioning the researcher as insider/outsider

It is important to be explicit in terms of the researcher role in qualitative research as knowledge is being created by the interaction of researcher and informants (Kvale, 1996). Undertaking the research in a well-known field due to shared experiences or a sense of belonging to a certain group has been named as insider research. The term outsider, in comparison is defined with reference to the relations between researcher and the researched, where an outsider is a non-member of the community in question (Dahlgren and Winkvist, 2007). I position myself as both an insider and outsider in this research. Belonging to the same country and having lived there for the major part of my life and being well familiar with the social and cultural aspects I consider myself as an insider. This allowed me to enter the field with a certain level of ease, develop a rapport with informants and allow a free sharing of information. While not being a part of the policymaking or implementing groups I position myself as an outsider, and this helped me, explore things in detail and to interpret without any pre-understanding in this regard.

3.12 Self Reflection

The data collection was the most interesting but time-consuming period. There were cancellations, rescheduling and re-appointments, but overall it went well. All interviews were transcribed right after each individual interview so that all the first-hand information could be preserved without any loss. The transcription was done by the researcher herself in order to be as close to the data as possible. Audio recordings and written notes were quite helpful. Some of the participants who asked for the questions beforehand never read them, although some others came well prepared but did not allow the researcher to ask and kept on answering on their own. It was hard to bring the participants back on the track, as some of the older participants were keener to share their institutional memories. Another interesting observation was that the government offices were sometimes overcrowded although

interviewing at coffee shops was not allowed on the same pretext. The key informants' behaviour differed according to their categories and ranks. Politicians were more casual and bureaucrats were quite cautious. Some of the junior health officials talked more frankly once the senior left for an official meeting or other commitment. Data analysis was the most difficult part. Initially, I kept on going in different directions and came up with new things every time I went back to the data. Only after the valuable guidance of the supervisors, I was able to think clearly. Multiple rounds of coding were done and themes started emerging and data made more sense.

3.13 Ethical Considerations

The ethical clearance was sought from the Queen Margaret University Ethics Committee and a written permission from the Director General of Health, Pakistan. The researcher did not have to go to the Research Council in Pakistan, as there were no clinical interventions. Interviews took place wherever it was convenient for the interviewee and private enough to preserve confidentiality. The participants were mostly the bureaucrats, politicians and the health ministry officials at different tiers of government so a written permission letter from the then DG Health was deemed essential for this kind of research.

According to Bryman and Bell (2007), certain issues need to be addressed:

- Possible harm to participants
- Lack of informed consent
- Possible invasion of privacy
- Deception

These were covered by taking the following measures:

An ethical form was submitted and participants were made aware of the on-going research and their consent was obtained in order for them to express willingness to take part in the research. The researcher did not misuse the gained information or break confidentiality. Confidentiality was guaranteed, especially in terms of possible identification of persons, organizations and

places. The data was safeguarded in order to ensure confidentiality and identifying information, participants' name, age, and demographic information were not reported on the findings. Self-identification was used to allow participants to categorise themselves for the study. Only general work-related categories were offered to differentiate between various participants, and with not much detail to allow identifying their positions or organisations. In accordance with the UK Data Protection Act 1998, the results from the field work has been processed fairly and lawfully, stored properly, taking into consideration the time frame and its usage.

3.14 Conclusion

This chapter summarised the research journey for this study starting from the choice of the methods, development of the conceptual framework, fieldwork, analysis, limitations, literature search and positioning of the researcher. The literature search helped the researcher to do an extensive search and write a detailed and comprehensive but relevant literature review chapter.

Chapter Four: Literature Review

4.1 Introduction

This chapter describes implementation, its background and evolution, three generations of implementation theories and agent/structure relations in implementation. It also explains power, its various theories and their link with traditional implementation approaches, neo-patrimonialism, policy networks and path dependency with its various models and critique. This study draws on these concepts to support the main argument of the thesis as the findings revolve around these concepts. It also focuses on some of the empirical studies from low and middle-income countries on the related themes.

4.2 Background

Policy implementation should be understood as a process shaped by historical legacies, context and timing (Jonsson et al. 2014). Health policy analysis in Low and Middle income countries (LMICs) is attracting increasing attention. The bulk of research has focused on policy content, particularly assessing technical appropriateness. However the nature of the processes (how policies are made, and by whom) leading to these policies affects their relevance and often their implementation. Researchers have only recently started to explore these processes in low and middle-income countries (Gilson and Raphaely, 2008).

A better understanding of these processes could help policy-makers to design more appropriate and effective processes and assist other policy actors in engaging with these processes. Interactions between policy processes, the nature of the policy issue, actors and evidence occur within a wider context, which includes the political and socioeconomic environment, cultural and religious determinants, gender as well as specific aspects of the health system. The wider environment plays an inevitable role in health policy processes with policy decisions influenced by both international agendas and

the national vision of priorities; hence this context needs to be considered within the development of specific policies (Gilson and Raphaely, 2008).

In the early 1990s, several analysts called for a new approach to health policy analysis in low and middle income countries (Walt 1994; Reich 1995; Barker, 1996). They noted that, until then, the assessment of health policy had focused largely on technical content and design, neglecting the actors and processes involved in developing and implementing policies, and taking little account of the contexts within which related decisions were made. They argued that this was short sighted because it did not explain how and why certain policies succeeded and others failed, nor did it assist policy makers and managers to make strategic decisions about future policies and their implementation. Ultimately, all called for new paradigms of thinking to be applied to health policy analysis to enable understanding of the factors influencing the experiences and results of policy change. In particular, these scholars called for the use of analytical paradigms that integrate politics, process and power into the study of health policies (Buse et al. 2005).

Study of the processes through which ideas, knowledge, interests, power and institutions influence decision-making is primarily concerned with public policy and pays particular attention to how problems are defined, agendas are set, policy is formulated and re-formulated, implemented and evaluated (Parsons, 1995). It is based on the understanding that the policy is a product of, and constructed through political and social processes.

4.3 An overview of Implementation

Policy implementation research rose to prominence in the 1970s during a period of growing concern about the effectiveness of public policy (O'Toole, 2000 and Barrett, 2004). The stage was set by Pressman and Wildavsky with the publication of their book entitled *Implementation* in 1973.They investigated the implementation of a federal economic development program to increase employment among ethnic minority groups in Oakland, California. From the beginning, policy implementation research was predominantly a North American enterprise.

Many first generation studies were explorative, primarily seeking to position implementation within a policy cycle divided into a series of stages such as agenda setting, policy formulation, legitimation, implementation and evaluation. Implementation failure was described using a top-down approach, which identified factors to explain an implementation gap from the perspective of central government policy makers, e.g., unclear or flawed policy, insufficient resources, poor compliance by the implementers, opposition within the policy community, and unfavourable socioeconomic conditions (Schofield, 2001).

The first generation of research has since been criticized for focusing too much on implementation failures to the extent that it earned the nickname '*misery research'* (Rothstein, 1998) and unfairly, for being theoretical and unable to produce convincing theories to help explain or predict the impact of policies (Paudel, 2009). Consequently, a second generation of studies emerged from the early 1980s with the ambition to take the next step in theory development by moving beyond a success or failure perspective towards improved analysis of variables that could explain the impact of the implementation process (Schofield, 2001).

The construction of new analytical models and frameworks was accompanied by a debate between so-called top-down and bottom-up perspectives (Cairney, 2012). Bottom-up researchers critiqued the top-down perspective for viewing implementation as a purely administrative process and failing to

account for the role of the Frontline staff who put the policy into action (Schofield, 2001). Bottom-uppers shifted the analytical attention away from variables at the top or centre of the system to the contextual and field variables at the bottom as the policy evolved in the complex process of translating policy intentions into action (O'Toole, 2004). Lipsky(1980) analysed street-level bureaucracy, focusing on the discretionary decisions that Frontline staff makes when delivering policies to citizens and organizations. He suggested that street-level bureaucrats could reasonably be described as *policy makers.*

Interest in policy implementation research seemed to decay in the 1990s, with decreased research activity and fewer publications in the main field. An important explanation for this decline was the changes that occurred in state-society relations in many industrialized countries, from unilateral and hierarchical to more reciprocal and horizontal relations. In the 1990s, there was more reliance on market-based policy instruments and less governmental intervention (Saetren, 2005). Policy implementation research shifted emphasis to address the effects of institutional and inter-organizational relationships, with governance and policy networks emerging as important research topics (Hill and Hupe, 2009).

Many governments subsequently recognized the limits to top-down policymaking and adopted network governance approaches based on the need to consult and collaborate with service providers, interest groups, and the users of services, blurring the lines of accountability between elected policymakers and other influential actors. Bottom-up inspired studies highlighted the unintended consequences when governments did not recognise the limits to their ability to implement policy (Bevir and Rhodes, 2006). More recent studies reinforce this focus on the limits to top-down policymaking in the alleged absence of central government control of the policy process (Room, 2011).

4.4 Evolution and Critical Understanding of Policy Implementation Theories

In general, implementation research is supposed to have evolved through three generations. The first generation of research ranged from the early 1970s to the ’80s; the second generation from the 1980s to the 90s; and the third generation research from 1990 and onwards (Matland, 1995).

4.4.1 First Generation Implementation

The first generation implementation research was focused on how a single authoritative decision was carried out, either at a single location or at multiple sites (Goggin et al. 1990). Pressman and Wildavsy’s work is a prime example of this generation of research (Hill and Hupe, 2002). Their analysis discovered the problem of policy implementation, the uncertain relationship between policies and implemented programs and sketched its broad parameters.

The first generation was a more organized effort in the 1980s to understand the factors that facilitated or constrained the implementation of public policies (Sabatier and Manzamian, 1983). This analysis shows how local factors such as size, organizational relationships, commitment, capacity and institutional complexities mould responses to policy (McLaughlin, 1987).The first generation research was characterized by pioneering but largely a theoretical and case-specific studies such as that of Pressman and Wildavsky (Goggin et al.1990).

4.4.2 Second Generation Implementation

The second generation implementation studies focused on describing and analysing the relationships between policy and practice. These researches generated a number of important lessons for policy, practice and analysis. For example, policy cannot always mandate what matters to outcomes at local level; individual incentives and beliefs are central to local responses. Effective implementation requires a strategic balance of pressure and

support; policy directed change ultimately is a problem of the smallest unit (McLaughlin, 1987).

The second generation research also taught researchers the importance of time periods: at what point in history implementation occurs and over what period of time (Van Horn, 1987, quoted in Goggin et al.1990). The second generation studies recognized implementation's variability over time and across policies and units of government. It concerned itself with explaining implementation success or failure and relied heavily on an explicit or implicit model of policy implementation process. The second generation research was engaged in 'the development of analytical frameworks' (Goggin et al. 1990). The construction of models and research strategies, however, immediately led to a major confrontation between the so-called top-down and bottom-up perspectives of policy implementation. Until now, no general implementation theory has emerged (Winter, 2003). However, as implementation research evolved, two schools of thought developed for studying and describing implementation: top-down and bottom-up (for comparison of both perspectives, see table 5).

4.4.3 Top-down perspective

The top-down perspective assumes that policy goals can be specified by policymakers and that implementation can be carried out successfully by setting up certain tools (Calista, 1994). This perspective is 'policy centered' and represents the policymaker's views. A vital point is the policymaker's capability to exercise control over the environment and implementers. Van Meter and Van Horn (1975) and Manzamian and Sabatier (1989) see implementation as concerned with the degree to which the actions of implementing officials and target groups coincide with the goals in an authoritative decision.

Pressman and Wildavsky (1973) discuss the extent to which successful implementation depends upon linkages between different organizations and

departments at local level. Hogwood and Gunn(1978) offer recommendations to policymakers about effective implementation.

The top-down perspective exhibits a strong desire for ‘generalizing’ policy advice. This requires finding consistent and recognizable patterns in behaviour across different policy areas (Matland, 1995).The top-down viewpoint emphasizes formal directing of problems and factors, which are easy to manipulate and lead to centralization and control. Interest will be directed towards things such as funding formulas, formal organization structures and authority relationships between administrative units and administrative controls like budget, planning and evaluation (Elmore, 1978). ‘It begins at the top of the process, with as clear a statement as possible of the policy-maker’s intent, and proceeds through a sequence of more specific steps to define what is expected of implementers at each level. At the bottom of the process, one states, again with as much precision as possible, what a satisfactory outcome would be, measured in the terms of the original statement of intent’ (Elmore, 1978).

The top-down perspective largely restricts its attention to actors who are formally involved in the implementation of a specific program. The top-down researchers focus on a specific political decision. They follow the implementation down through the system, often with special interest in higher-level decision-makers. They would typically assume a control perspective of implementation, trying to give good advice on how to structure the implementation process for the above in order to achieve the purpose and to minimize the number of decision points that could be vetoed (Winter, 2003).

However, the top-down perspective of implementation is not free from criticism. It faces the following criticisms. First, the top-down models take the legal language as their starting point. This fails to consider the significance of actions taken earlier in the policy-making process. Second, top-downers have been accused of seeing implementation as a purely managerial process

and either ignoring the political aspects or trying to eliminate them. Besides, this remedy fails to recognize the political realities that account for policies with multiple goals, vague language and complex implementation structures (May, 2003).

Third, top-downers put special emphasis on framers as key actors. This criticism has two key variants. One argues from a normative perspective that local service deliverers are experts and have the knowledge of the true problems; therefore, they are in a better position to propose purposeful policy. Another criticism is that top-downers neglect the reality of policy modification or distortion at the hands of implementers. They object to the hidden belief that policymakers control processes that affect implementation. This model also assumes that all priorities are known and can be categorized. Another weakness is that it has no behavioural basis. As the rational model is unachievable in practice, the result will always be implementation failures (Elmore, 1979).

Similarly, Berman (1978) argues that choosing the top-down strategy can lead to resistance, disregard and compliance. The top-down models, however, see local actors as obstacles to successful implementation—agents whose dodging behaviour needs to be controlled. The second variant argues from a positive perspective that discretion for street-level bureaucrats is inevitably so great that it is simply unrealistic to expect policy designers to be able to control the actions of these agents. The table on the next page shows the difference in terms of variables between the two perspectives.

Table 5: Differences between Top-down and Bottom-up Implementation Perspectives

Variables	**Top-down perspective**	**Bottom-up perspective**
Policy decision-makers	Policymakers	Street-level bureaucrats
Starting point	Statutory language	Social problems
Structure	Formal	Both formal and informal
Process	Purely administrative	Networking, including administrative
Authority	Centralization	Decentralization
Output/Outcomes	Prescriptive	Descriptive
Discretion	Top-level bureaucrats	Bottom-level bureaucrats

Source: Paudel, 2009

4.4.4 The bottom -up perspective

The bottom-up perspective directs attention at the formal and informal relationships founding the policy subsystems involved in making and implementing policies (Howlett et al. 2003). This perspective has as its starting point a problem in society. The focus is on individuals and their behaviour, and in this respect street-level bureaucrats are made central in the political process.

The street-level bureaucrats are considered to have a better understanding of what consumers need as it is they who have direct contact with the public. Michael Lipsky (1980) offers a theory of 'street-level bureaucracy'.Lipsky's theory focuses on the discretionary decisions that each field worker or 'street-level bureaucrat'-as he prefers to call them makes in relation to individual citizens when they are delivering policies to them. This discretionary role in delivering services makes street level bureaucrats essential actors in implementing public policies.

The bottom-up perspective is to identify the many actors that affect the problem and to map relations between them. In these network analyses, both public and private actors become essential, and the analyses often include several policies that affect the same problem, whether or not it is intended in those policies (Winter, 2003).

Hjern (1982) focuses on the role of local networks in affecting a given problem in the implementation process, and also proposes a way of identifying the networks. It is a combination of a snowball and socio-metric methods. This method enables them to map a network that identifies the relevant implementation structure for a specific policy at local, regional and national level, and allows them to evaluate the significance of government programs vis-à-vis other influences such as market. It also enables them to see strategic coalitions as well as effects of policy and the vibrant nature of policy implementation (Matland, 1995).

According to them, central initiatives are poorly adapted to local conditions. Program success depends in large part on the skills of individuals in the local implementation structure, who can adapt the policy to local conditions. It depends only to a limited degree on central activities. Therefore, their analysis is important in drawing attention to implementation activities and structures at local level. According to Berman (1978), policy implementation takes place at two levels: macro and micro. At macro implementation level, centrally located actors devise a government program; at micro implementation level, local organizations react to macro-level plans; develop and implement their own programs.

However, he argues that, most implementation problems shoot from the interface of a policy with micro-level institutional settings. Central-level actors can indirectly influence micro-level factors. It is because the rules created by central actors are dominated by local implementing contextual factors. However, the bottom-up perspective does not provide satisfactory solutions

to the problems of public policy, as its rejection of the authority of policymakers is questionable in the light of democratic theory. Policy control should be exercised by actors whose power derives from their accountability to voters through their elected representatives. The authority of local service deliverers does not derive from this power base (Matland, 1995).

Another criticism is that this perspective cannot successfully explain why coping strategies occur and why they vary. It is difficult to think of ways to change the street-level behaviour in the context of this model, and no thought is given to how to use discretion as a device for improving the effectiveness of policies at street level (Elmore, 1978). It has also been demonstrated that people with very little education and poor social background are less likely to benefit from social services compared to more educated and wealthier people. This is the case even when these social services are targeted primarily at the former category. Hence, blending is done not only by street-level bureaucrats but also by the self-selection of the target groups themselves (Winter, 1990).

4.4.5 Synthesis of both perspectives

Both top-down and bottom-up perspectives draw attention to the implementation process. However, there is a conflict between the two perspectives. Each tends to ignore the portion of the implementation reality explained by the other. Here, some of the synthesizers of both the perspectives are explained.

Elmore (1979) has attempted to combine two perspectives. They argue that policy designers should choose policy instruments based on the incentive structure of target groups. Forward mapping consists of stating precise policy objectives, elaborating detailed means-ends schemes, and specifying explicit outcome criteria by which to judge policy at each stage. Backward mapping consists of stating precisely the behaviour to be changed at lowest level,

describing a set of operations that can ensure the change, and repeating the procedure upwards by steps until the central level is reached.

By using backward mapping, policy designers may find more appropriate tools than those initially chosen. This process ensures consideration of micro implementers' and target groups' interpretations of policy problems and possible solutions. No specific interrelationships are hypothesized; effectively there are no hypotheses to test. As a tool, Elmore's discussion is useful as a theory but it lacks explanatory power (Matland, 1995).

Matland (1995) presents the 'ambiguity and conflict model' as a combination of the top-down and bottom-up perspectives. His model suggests that their relative value depends on the degree of ambiguity in goals and means of a policy and the degree of conflict. Goggin et al. (1990) developed a model which is based on the communications theory perspective of intergovernmental implementation, but also includes many variables from the top-down and bottom-up approaches. The model indicates that implementation in the states is influenced by a combination of incentives and controls from the federal, state and local level; by a state's decisional outcomes; and by a state's capacity to act. How implementation exactly precedes in specific policy areas depends on the interaction of these elements of the model.

Thomas and Grindle (1990) propose an interactive model of implementing policy reform. The process of implementing policy reform is seen as interactive rather than linear. Their framework for policy study looks at 'how reform proposals get on the agenda for government action, what factors influence decision makers and the linkages between agenda setting and decision-making process.' The central element in the model is that a policy reform initiative may be altered or reversed at any stage in its lifecycle by the pressure and reaction to it. This model views policy reform as a process, one in which interested parties can exert pressure for change at many points.

Some interests may be more effective at influencing high-level officials in government, others at affecting the managers of the implementation process or those who control the resources needed for implementation.

Understanding the location, strengths and stakes involved in these attempts to promote, alter or reverse policy reform initiatives is central to understanding the outcomes (Thomas and Griddle, 1990). Analysis begins with a look at the characteristics of any public policy in terms of the reaction it will generate. Governments must assess what their resources are and how they can mobilize available resources to promote successful implementation. Decision makers must evaluate political resources while public managers attend to bureaucratic resources. Such analysis can lead to a more realistic approach to policy where the question of implementation possibility assumes major importance. Failure can be better anticipated and resources can be more efficiently and effectively allocated (Turner and Humle, 1997).

However, the second generation is not exempt from criticism. Researchers cannot agree on a common definition of the term *Implementation.* There are differences in the role of implementers, especially with respect to the degree to which they are autonomous actors. Furthermore, it has not been able to explain why implementation occurs as it does or predict how implementers are likely to behave in the future. Indeed, some middle range theorizing with substantial potential utility has emerged from this work (Goggin et al. 1990). The main critique of the second generation model is again based on their approach, too many case studies, not enough validation and replications (Goggin, 1986). Matland (1995) suggests that some first and second generation models failed to provide a comprehensive synthesis to implementation analysis (Schofield, 2001).

4.4.6 Third Generation Implementation

While both first and second generation implementation researches have added much to our knowledge of what implementation is how and why it varies, it has been less helpful in differentiating between the types of implementation outcomes, or in specifying the causal patterns that occur, and the relative importance and unique effects of each of the various independent variables (Lester and Goggin, 1998). However, these researches have not succeeded in sorting out the relative importance of the explanatory variables (Winter, 2003).

A large part of the study could be criticized as merely presenting often long checklists of variables that might affect implementation. According to Goggin (1986), this problem had hampered the development of implementation theory. He, therefore, suggests a third generation of implementation studies that would test theories on the basis of more comparative case studies and statistical research designs (Winter, 2003).

The unique trait of the third generation research is its research design an explicit theoretical model, working definitions of concepts, an exhaustive search for reliable indicators of implementation and predictor variables and the description of theoretically derived hypotheses, with analysis, of data using appropriate qualitative and statistical procedures as well as case studies for testing them (Goggin et al. 1990).

In the third generation research, the macro world of policymakers with micro world of individual implementers is integrated (McLaughlin, 1987). The macro-level research operates at the system level. It stresses regularities of process and organizational structures as stable outlines of the policy process and frames individual actions in terms of position in a relational network. Microanalyses, on the other hand, operate at the individual level. They

interpret an organizational action as the problematic and often unpredictable outcomes of autonomous actors, motivated by self-interest.

Macro-level analyses generally provide insufficient guidance to policymakers or practitioners interested in understanding program outcomes (positive or negative), evaluating alternative, assessing internal work requirements, or developing models of how policies operate in practice. Conversely, micro-level analyses ignore complete attainments and unexpected consequences for the institutional setting as a whole, so cannot speak to the system-wide effects of a policy. Micro level analyses, thus, provide limited guidance to policymakers faced with system-wide decisions. However, some scholars argue that third generation implementation has not been realized in practice (Winter, 2003).

4.5 Implementation as an evolutionary process

A problem with both the top-down and bottom-up frameworks is that they tend to over-simplify the sheer complexity of implementation. Two early models which incorporated and developed the insights of both approaches were developed by Lewis and Flynn (1979) and Barrett and Fudge (1981). Lewis and Flynn, in an examination of urban and regional policy, put forward a behavioural model which views implementation as '*action'* by individuals and the institutional context within which they endeavour to act.

Policy implementers inhabit a world, which bears little resemblance to the rational ideal: In reality, there are disagreements about policy goals and objectives, vagueness and ambiguity about policies and uncertainty about procedural complexity, inconsistency between problems available and existing problems, and conflict arising from public participation, pressure group activity and political dispenses (Lewis and Flynn, 1979). The interaction with the outside world, the organization and its institutional context means that policy objectives are not the source of guidance for action. Actions that result from the resolution of conflicts between two sets of

priorities and policy areas, may precede the formulations of a procedure for dealing with similar cases in the future and therefore the policy, or may result from what is feasible in the circumstances rather than the fulfilment of original objectives (Ibid).

This theme of analysis in context is also present in the ideas of Barrett and Fudge, who argue that implementation may be best understood in terms of a 'policy-action continuum' in which an interactive and negotiating process is taking place over time, among those seeking to put the policy into effect and those upon whom action depends (Barrett and Fudge, 1981).

Power is central to the dynamics of this relationship. Implementation of this policy-action model is an iterative bargaining process between those who are responsible for enacting policy and those who have control of resources. In their model, more emphasis is placed on issues of power and dependence, interests, motivations and behaviour (Barrett and Fudge, 1981) than in either the top-down or the bottom-up frameworks. Furthermore, the policy-action perspective focuses on the factors, which affect the scope for action and behaviour of individuals and agencies, as well, as how perceptions are formed. The policy-action model shows that policy is not something that happens at the front-end of the policy process. Policy is something, which evolves or unfolds. In the words of Majone and Wildavsky(1984:116): '*Implementation will always be evolutionary; it will inevitably reformulate as well as carry out policy'*.

4.6 Implementation as a political game

Models of organizations, which see policy being made and implemented in situations of human interaction, rather than as a machine or system, focus on the nature of those interactions. This theme of interaction is also the focus of the models, which view implementation as a process, which is controlled by conflict and bargaining. Rational models, of course, also recognize that conflict and deal making will take place in implementation. However, this conflict is seen as something, which is essentially dysfunctional, and in need of co-ordination (Pressman and Wildavsky, 1973) or resolution (Dunsire,

1978). In these models, conflict and bargaining take place within shared goals, in which case implementation is effective when groups resolve their differences and put a policy into action. An effective implementation process will have methods and systems of controlling such conflict to bring about compliance (Dunsire, 1978). It is all a matter of control.

However, if we have a view of organizations, which is based less upon the notion of control as of structures, which are composed of groups and individuals all seeking to maximize their power and influence; we may see conflict as an essentially political process involving different strategies for acquiring and maintain power. Implementation from this perspective is about self-interested people 'playing games'. This game model was advanced by Bardach in 1977 in his book The *Implementation Game*. Implementation, he argues, is a game of 'bargaining, persuasion, and manoeuvring under conditions of uncertainty' (Bardach, 1977). Implementation actors are playing to win as much control as possible, and endeavouring to play the system as to achieve their own goals and objectives.

The Bardach model is essentially one which suggests that politics extend beyond the formal' political' institutions. Politics does not stop once a bill becomes law. It does not stop the political process, nor does it cease in the decision –making process. Models of the kind, which Bardach proposes, are urging us to redefine the boundaries between politics and bureaucracy, and between the decision-making process and the delivery of those decisions. Implementation is therefore simply another form of politics which takes place within the domain of unelected powers (Parsons, 1995).

4.7 Policy context

The context is the social environment in which implementation takes place. Healthcare settings constitute the context in implementation science, whereas the context for policy implementation may be much larger. The context represents influences on the implementation process and impact that is partially, beyond the control of the implementers and targets. Policy implementation research does not distinguish between the concepts of inner

and outer context, but similar reasoning exists in this field. The inner context (in implementation science) has been afforded great importance, particularly in bottom-up perspectives that address the relationships between the actors involved in the implementation process (Barrett, 2004), e.g., between civil servants and their managers (Lipsky, 1983). The outer context (in implementation science terminology) is typically understood to involve aspects of the policy environment in which policies are implemented, including demographic characteristics and global economic forces that might affect policy outcomes (Hill and Hupe, 2009).

By highlighting systematic factors in relation to health care reforms and policy development, it becomes quite apparent that context matters. The health policy evolution is intrinsically linked to global, national and local political-administrative and socioeconomic structures, processes and issues. The context sets the boundaries of the policymaking processes, and the legacies of previous decisions and institutions influence current decisions and practices (Jonsson et al. 2014).

A health policy system cannot be understood without examining the political, socioeconomic and cultural contexts in which it operates. Some authors have emphasized the importance of understanding a policy context, which they categorized into the following elements: demographic and epidemiological changes, processes of social and economic changes, economic and financial policies, politics and the political regime, and ideology, public policy and the public sector. In the political context, opportunities for actors to affect policy agendas (policy windows) are shaped by changes in political leadership (regime change), socioeconomic conditions, public mood or opinion, and decisions in other subsystems (Buse et al. 2005). In federal systems, divergent values and goals among political leaders at different levels mean policy windows vary sub-nationally (Baumgartner and Jones, 1993).

In such circumstances of complexity and ‘messiness’, it is important that the analysis of the contextual issues recognises this. There is no simple

response of health sector policy to easily identifiable contextual factors. Policy-makers can be ideologically driven, or lack the motivation and capacity to interpret the context. Policies can be embedded, incrementally developed over many years, confused, ambiguous, inconsistent and part of a non-decision-making process. They can also be redefined through implementation or simply not implemented (Buse et al. 2005).

Policy implementation processes are affected also by the wider context including key national and international events. The international context had considerable influence. The policy does not develop in a vacuum, but in a complex context. These are a set of social, political and economic processes and structures which condition, to differing degrees, the policy system. Understanding these helps to explain why specific issues are on the agenda. It is this context that helps mould the manner in which policy formulation and implementation is conducted (Buse, 1999).

While these provide useful categories for comparative research projects, they may not be as readily useful in policy analysis. The distinction between what is structural and situational can be difficult to decide. Furthermore, the way in which political and economic factors express both structural, situational, value and environmental factors may be more relevant. More readily usable in policy analysis are the ‘reasons’ and ‘forces’ leading to the contemporary interest in health as suggested by Walt and Gilson (1994).

4.8 Actors in implementation

For many writers concerned with policy analysis, the key determinant of policy change is the group of actors involved, and the focus is often on government. Lindenberg (1989), for example, reviews how the governments of Panama, Costa Rica and Guatemala managed support and opposition to their stabilization and structural adjustment policies in the mid-1980s. He concludes his analysis with a set of initial lessons, which could help other governments manage the 'winners and losers during the process of economic change', although he points out these are not blueprints given each country's unique history and policy environment. In his analysis of

adjustment policies in three African countries, Toye (1992) concludes that the World Bank did not sufficiently take into consideration the vested interests of government leaders and rich farmers in the agricultural sector, and as a result, efforts to reform the economy faltered.

Attention on the civil service is argued to be important because of the strategic roles bureaucrats play in the implementation of policies. Some have sought to understand the influence of actors by focusing on the relationship between politicians and bureaucrats. Brown (1989), Mukandala (1992) and Panday (1989) for example, argue that in Liberia, Tanzania and Nepal respectively bureaucrats have played a relatively insignificant role in the policy process, largely because of the dominance of politicians (and in Nepal the Royal Palace). In contrast, Koehn (1983) has argued that Nigeria has seen so many changes of mainly military government that civil servants have controlled policy-making through their greater expertise and continuity.

Charlton (1991) likewise suggests that in comparison with politicians, civil servants in Botswana played a particularly important role at independence, although the balance of power between politicians and bureaucrats changed over time. Gulhati (1991) observes that the failure to build consensus between officials and politicians on the need for reform in Zambia (and the fact that the reform measures were largely developed outside Zambia by the IMF, World Bank and foreign consultants) was one of the reasons for that country's economic impasse during the 1980s.

A few writers are concerned with societal actors, rather than policy elites within government (Ghai, 1992). Tironi and Lagos (1991), for example, argue that structural adjustment policies in Latin America are bringing about profound changes in the social structure of those countries implementing them. They suggest a number of factors (the strength of the government and its administration, the dependence on multilateral financial agencies, the will and capacity of social actors to resist) will determine whether structural adjustment policies are implemented by shock measures or more gradually. They place particular emphasis on the roles of trade unions and the business

community, and on marginal social groups as well as political parties and the state, exploring their relative influence on the assemblage of factors that influence policy.

In his review of development policy as a process, Wuyts (1992) argues that the public cannot be separated from the state: 'State institutions are influenced by public action, and in turn, provide the means through which this action is sustained or modified.' He argues that public action is not simply an additional factor in analysing the state's role in the policy process, but is an integral part. Hyden and Karlstrom (1993) also emphasize the complexity of policy environments and interaction of actors within them: *'a narrow focus on the inherent values of specific policy instruments or on the presumed interests of various policy actors at a certain time is not enough. What needs to be added is a longitudinal dimension that helps us understand how various actors interact with each other on specific issues and with what outcomes.'*

Developing world bureaucracies have, however, come under just as much attack from the right, who argue that the state sector has become too big and that either the private sector must be given a chance to do more, or else bureaucrats must be forced to compete. There is a notion of rent-seeking, a term for the way in which people operate to maximise personal gains from government resources. Supporters of rent-seeking theory argue that state bureaucrats are in an enviable position to achieve this. However, it has to be said that the same can be true of non-state employees (Barker, 1996).

Weber saw bureaucracy as requiring both administrative and technical expertise appropriate to the specialist area, such as medicine. Indeed, as Ham and Hill point out (1984), it may be seen as a shortcoming in Weber’s thinking that he failed to foresee the inevitable conflict arising from authority based on administrative knowledge and that based on technical knowledge.

4.9 Power: A multi-layered concept

The concept of power is essentially contested (Lukes, 1974; Baldwin, 2002). It seems as if there are as many definitions and approaches as there are power analysts. Some define power in terms of 'having resources', or *dispositional* power (money, knowledge, personnel, weapons, reputation, etc.), while others define it in terms of achieving outcomes, or *relational* power (e.g. A influencing B); some consider power in mere *organizational* terms (organizations, resources, rules, bargaining), while others consider it in *discursive* terms (knowledge, story lines, discourses, deliberation); some relate power to conflict-oriented zero-sum games, or *transitive* power (A achieves something at the cost of B), while others relate it to social integration and collective outcomes, or *intransitive* power (A and B achieving something together); and some situate power at the level of the acting *agent* (the swimming fish), while others situate it at the level of *structures* (the water putting pressure on the fish) (Goverde et al. 2000). In addition, different authors distinguish different dimensions in the concept of power: one face, two faces, two levels, three dimensions, three circuits, etc. (Dahl, 1957, 1961; Bachrach and Baratz, 1962; Lukes, 1974; Giddens, 1984; Clegg, 1989).

First, the focus is both on agents having resources in policy arrangements as well as on agents achieving policy outcomes. Secondly, power will be considered both in organizational and discursive terms below. After all, policy agents may become influential not only by organizational resources, like money, personnel, tactics, but also by arguments and persuasion, or by both. At first glance, this seems quite obvious. However, some political scientists do not relate arguing and persuasion to power, as in the end the one who should be influenced simply agrees with you. For them, power is always exercised against the will of others (Weber, 1946).

Thirdly, power games are not necessarily zero-sum games, although this may be the case. For example, policy coalition A may win in certain political struggles at the cost of policy coalition B, and vice versa. In other circumstances, however, these coalitions may also join hands, and achieve something together. Obviously, different political processes raise different power games, either transitive or intransitive. Fourthly, the power concept is definitely multi-layered. Actors do have and exercise power, but are always embedded in historically and socially constructed structures, e.g. in terms of institutions and discourses. These to a certain degree constitute their identities as well as enable and constrain certain types of behaviour more than others. (Arts and Tatenhove, 2004).

Substantial part of the power debate is dedicated to the question of what dimensions the concept consists of. One milestone in this debate has been the well-known article *Two Faces of Power* of Bachrach and Baratz (1962), who criticised the one dimensional view of Dahl. Whereas the latter focused on how community leaders influenced certain issues in local political decision-making in his famous book *Who Governs?* (1961), the former argued that power is not only exercised through decision making itself, but also by excluding issues from the political agenda, hence by non decision-making. Therefore, power consists, according to Bachrach and Baratz, of two faces, and not of one.

For Weber (1946), power consists of two faces as well (although he himself does not use the vocabulary of ‘faces’). On the one hand, he conceptualises power as “the probability that one actor within a social relationship will be in a position to carry out his own will despite resistance, regardless of the basis on which this probability rests” (Weber, 1946). On the other hand, Weber puts this power concept in the context of ‘structures of domination’, based on the (uneven) distribution of economic resources and social and political authority. These structures of domination form the basis on which the actual exercise of intentional power rests (Clegg, 1989).

In the 1970s, this power dimensions debate continued, and Lukes, in his much-cited *Power: A Radical View* (1974), added a third one. He criticised both Dahl and Bachrach and Baratz for focusing too much on actors, behaviour and observable conflicts, while neglecting the subtle, often hidden power mechanisms through which issues are kept out of politics. This is also referred to as 'the mobilization of bias', which occurs through (hidden) individual actions, social forces, or institutional practices. This power process, both through agency and structure, favours, according to Lukes, certain interests over others, even though 'the dominated' are not aware of that most of the time. Giddens (1984) rejects this view and considers agencies being 'capable' and 'knowledgeable' in principle, which implies that people cannot simply be dominated at their own expense for long, as if this is the 'normal' situation. Sooner or later, people will acknowledge and re-act. Therefore, Giddens returned to Weber as well as to Bachrach and Baratz, stripped Lukes' third dimension, and re-framed the two faces of power and domination in the context of his structuration theory.

Unhappy with Giddens' view, which he considers too much of an agency-oriented approach, Clegg (1989) introduced his three circuits of power, which consists of episodic, dispositional and facilitative power, respectively, building on Dahl, Parsons, Weber, and Foucault, amongst others. The first 'episodic' circuit relates to agency, causal mechanisms and outcomes, the second 'dispositional' one to social integration, discourses and rules of the game in organizations, and the third 'facilitative' circuit to system integration, disciplinarian power and domination at the systemic level of societies as a whole. These three circuits are interdependent. Episodic power produces, through agencies certain outcomes, potentially affecting the other two circuits of power, dispositional power 'fixes' agencies in organizations in terms of meaning, rules and resources, and facilitative power enable and constrain agencies in social relations.

Clegg's three-circuit model is considered to be an innovative step compared to earlier multi-layered models. It transcends the outdated decision/non-decision debate in which Dahl, Bachrach and Baratz and Lukes were engaged, the Marxist heritage in Lukes' writings as well as the rather abstract, meta-theoretical 'duality of structure' model of Giddens, which tends to overemphasise the role of agency vis-`a-vis structure. Clegg does the opposite: undertheorizing the role of agency. By importing the post-structuralist power theory of Foucault in his scheme, particularly in his third circuit of facilitative power, Clegg seems to de-centre the subject and tends to deny its agency. For Foucault (1984) 'Power is not an *institution* nor a *structure* nor a certain *capacity* which some possess: it is the name which is given to a complex strategic situation by a certain society'(Arts and Tatenhove, 2004).

It is still preferable to attach the concept of power to social actors on the one hand and (changeable) structures of domination on the other (such as Weber and Giddens do). It is feared that with a Foucauldian power concept the knowledgeability and capability of human agencies to intervene in social systems, an important premise for any meaningful policy analysis will be too easily denied. Although there are feedback loops between the different circuits of power in Clegg's model, and although Clegg considers resistance to domination a relevant option for human beings, we still consider his model (potentially) too determinist in nature. Therefore, as far as *substance* of the three-circuit model is concerned, we go back to Giddens' structuration Theory. Structures do exist, but they are *internal* to human action, manifest themselves *in* human action, and transformed *by* human actions, and are *changeable* in principle, although they transcend individual life histories, and therefore seem to exist independent of human agency. But to understand the institutionalisation of policy arrangements, we are convinced that we need a conception of power that makes it possible to acknowledge *both* the influence of actors on the development of policies in policy arrangements *and* the impact of the structural context in which actors operate (Goverde and Tatenhove, 2000).

4.10 Concept of power and policy implementation approaches

The use of power in the policy implementation process is subtle and complex. A small number of studies have been conducted in order to understand how power is exercised or distributed in the policy process within a complicated political environment. These themes and their relevant works are most pertinent explaining the relationship between power and policy actors. The approaches are discussed below:

4.10.1Structural approach: The top-down perspective

The first relevant approach is Marxist theory. Marxist approaches to power and the exercise of power in the state policy process are unique in focusing on its relations to economics, politics and ideologies (Jessop, 2001). According to the classical Marxist theory, the social structure of a capitalist society is essentially a class structure and the policy outcome of a state has been just reflecting the interests of the capitalist class (Hill, 2005). Marxists have always claimed that state policy should be determined by the class interests of capitalists and their agents.

The policy process can be depicted as reflecting the outcome of a struggle between the capitalists and working classes or partially determined by social and political forces operating within the state structure itself (Laumann and Knoke, 1987). With regard to the methodological perspective, the Marxist theory explanation of the state sees “economic imperatives” as a crucial influence in the state policy process. It claims that the nature of the economic structure is the essential foundational feature of the components of a state including legal and political structure. Marxist theory stands on the idea of the structural perspective, and sees structure constraints as a type of causal mechanism whereby the role of the state in the policy domain is explained by the requirements and the rationality of the economic system.

Marxists have conducted few empirical works that are more than just disputes to link to the perspectives above (Skocpol, 1979). These significant works emphasize the historical and structural force to shape the pattern of institutional change and policy output but none of these analyses track state policy at the level of policy stakeholders. The policy process in modern society is complicated and the role of the state does not only serve the interests of one dominant class. It means that the simple proposition of a policy outcome cannot echo the whole phenomena of the policy process.

4.10.2 Individual approach: The bottom-up perspective

The second traditional state policy process approach that should be discussed is pluralism, or pluralist theory. Pluralist accounts are offered as liberal or radical alternatives to Marxism (Bellamy, 2001). Recent studies have been concerned with the origins, prevalence, policy interests, resources and actors as they seek to influence federal policy decisions in the U.S. (Laumann and Knoke, 1987). In other words, the policy process in the national domain in general is seen as a wide and complex interaction between the interests, actors and institutions rather than between institutions themselves.

Pluralists have been criticized for having an overly optimistic view of the diverse distribution of power (Luke's, 1974). A perfect environment of equal power distribution has little possibility of existing in a real political process and most policy outcomes are manipulated by a few powerful policy elites. Moreover, the pluralist explanation ignores not only the role of the state in the policy process but also the power of the institutions, which allow the state the authority to regulate the behaviours of policy stakeholders. In spite of the fact that pluralist theory reflects some of the social and political phenomenon of democratic countries, especially in the U.S, the emphasis on interest and group interaction provides a limited research tool to examine the policy process in modern society and also to make an explanation between policy outcome and the actions of interest groups (Wang, 2010).

4.10.3 Elitist approach

The third traditional state policy approach is the elite approach, which arose from similar dissatisfaction with liberal democracy and the pluralist theory. However, compared to pluralist theory, the elite perspective accepts that the power is based on the unequal distribution of resources and that public has little influence on policy outcomes. Mills (1956) draws attention to the institutional position as a source of power, and concludes that the power elites occupying key positions in government and the military are dominant in the policy process of the American political system.

Mills' work takes the individual as its unit of analysis, and suggests that the exercise of power is revealed in the overlap and connection between the leaders of these organisations (Laumann and Knoke, 1987). When compared to Marxist and Pluralist theories, the elite approach provides another different alternative to identify who has power and how power is exercised in policy domains via analysing the interactions among political elites occupying the key positions Though elite theory resolves the analytical problem of pluralist theory, it creates another bias of the power in the policy process.

First, there are difficulties in specifying the mechanisms by which power is measured and the techniques used to hold it (Hill, 2005). Second, most research in elite theory only focuses on the analysis of powerful individuals in important organisations. This neglects the fact that the nature of power exercise is also revealed in inter-organisational exchange and the influence of interest groups should be one of factors important in the resulting policy outcomes (Laumann and Knoke, 1987). In order to cope with the critique, some researchers have made efforts to reconcile elitism and pluralist democracy to consider the influence of both individual and organisational levels in policy domains.

The top-down approach says that the structure (both in the institutional and political context) shapes the policy outcome. For example, Marxist theory states that the policy outcome is the product of structural pressure and every stakeholder in the policy domain has to follow the rules of capitalism. Although structural pressure can shape a scenario constraining the actors' behaviours, this approach ignores the individuals' recognition of their political context and institutional arrangement. There is no doubt that individuals have their own preferences and individuals' actions might not just be determined by the structure (Wang, 2010).

We also have to consider the possibility that individuals under environmental constraints can change the rules of the game. At the individual level, therefore, the policy process, like the bottom-up approach, seen as a product of individuals' actions is one of the main streams regarded in the interest group approach such as pluralism, elitist theory and corporatism. The mainstream is a significant level of the policy process in democratic countries such as the U.S., the UK and other Western countries. Most theorists in the area are concerned with the idea that the political phenomena of the policy process in these countries are an interactive game of multiple stakeholders (Wang, 2010).

The Elitist and neo-elitist model has its origins in modern social science with the work of two Italian theorists Mosca and Pareto. They argued that, contrary to Marx, history shows that elitism is inevitable: the classless society is a myth and democracy little more than a sham. Later Mosca modified his position to argue that democracy could be viewed as a form of politics in which elites compete for people's vote in order to secure legitimacy for elite rule. Mosca and Pareto's ideas form the basis upon which later elitist approaches were to be formulated (Parsons, 1995).

Robert Michels(1915) developed Mosca's approach in a study in which he posited that there was an 'iron law of oligarchy' which operated in institutions.

Over time, institutional elites generate their own interests and goals, which are distinct from mass members. Max Weber was also focus on the institutional or bureaucratic context of power by showing how rationalization in capitalist society leads to the formation of bureaucracy, which will inevitably replace other forms of institutions and, in the absence of strong parliamentary accountability, pose a threat to democratic decision-making by elected politicians.

If the arguments of Mosca,Pareto, Michels and Weber were correct, and then it left the idea of government by the people looking rather unreal and idealistic. The problem of reconciling the elitism of the real world with the need for democratic legitimacy was neatly resolved by the economist Joseph Schumpeter (1974). Being an economist, he applied an economic approach to the problem of legitimacy. Elitism, he argued was legitimated in a democracy by a political market composed of competing parties and rival elites. The citizen was involved in the policy process by the act of choosing between the policy programmes and promises of rival political firms. This model was to be developed most fully and taken to its logical conclusion in Down's (1957) 'economic' theory of democracy. Schumpeter's model also provided a starting point for the pluralist theories advanced by Dahl et al. in the 1950s.

Another line of development in the elite approach was that put forward by Lasswell (1936) who also took the view that: 'the study of politics is the study of influence and the influential…..The influential are those who get the most of what there is to get …Those who get the most are elites, the rest are mass' (Lasswell,1936). However, whereas for Schumpeter and Downs the functioning of political markets could best serve to provide the legitimacy for elite power, Lasswell's view was that it required a more 'preventative' politics, in which knowledge could exercise more influence on decision-making.

Lasswell accepted Pareto's idea that there was a circulation of elites in democracy and argued that in the modern era a shift was taking place from class struggle to a struggle between different groups (Lasswell, 1956, 1962). These were military, policy elites, technocrats and bureaucrats with administrative or organizational skills. His great fear was that, when combined, these new elites posed a dangerous threat to democracy. The combination of elites with a capacity to manipulate communications and symbols with elites skilled in violence, organization and technical know-how ultimately raised the real prospect of the development of the 'garrison-state' in which military, bureaucratic and technocratic elites rule (Lasswell, 1936,1941). For Lasswell, the key issue was how this trend could be prevented. The policy sciences, he believed, could and should have a vital role to play in enhancing democracy by seeking to promote a wider distribution and pluralism of power.

To some extent it is true to say that Lasswell had a somewhat naïve faith in the possibilities of social science and policy analysis. However, this is to read Lasswell's analysis of elites and democracy without taking into account the far more radical changes, which he considered essential to curb elite power. This is understood by Bobrow and Dryzek when they say that the Lasswellian approach shares with critical theory a fundamental practical intent to improve the human condition with respect, freedom from coercion, want, indignity and manipulation (Bobrow and Dryzek, 1987).

Lasswell's idea for controlling elites through policy science is indeed a very weak cup of tea if we do not place it in the context of his writings on human rights and dignity (McDougal et al. 1980) and his belief in the need to promote a critical public discourse, prototypes of which were his idea of decision seminars and social planetariums.

As Jon Elster (1989) indicates, the elementary unit of social life is the individual human action. According to this view, the main unit of policy

process analysis is an individual who is self-interested and action-free, but there is no doubt that the stance ignores the influence of the political environment and the institutional context, which can shape the chance and strategy of actors under the specific game rules. Policy process is embedded in distinct institutional and political contexts and different policy domains have different game rules and stakeholders. It will become an under-socialised approach concerned too much with individuals' function and the influence of the policy process.

Obviously, the policy process in modern society is a complicated political scenario. It also means that a more suitable and flexible perspective, such as the policy network approach, should be applied to understand the nature of power-exchange between official and unofficial stakeholders in the policy domain.

4.11 Emergence of Policy Networks

Recently, governments faced a more fragmented policy environment. Traditional methods of dealing with problems are no longer enough. As mentioned above, the nature of the policy process involves multiple policy stakeholders and their interest-exchange relationships. The study of policy networks offers more insight into how policy is made and implemented than traditional policy process approaches. Thus, a policy network approach, providing a more flexible explanation can be used to understand the complex nature of the policy implementation process in modern society (Wang, 2005, 2010).

The concept of networks in the analysis of public policy processes first emerged in the mid-1970s and early 1980s (John, 2004). In the past three decades, a considerable amount of effort has been expanded by political scientists and policy researchers in trying to understand the structure of stakeholders' interaction in policy domains and the reasons for policy failure in the U.S., the UK, and other European countries (Heclo, 1978). The concept of the network is an appropriate metaphor describing the strategic

interaction between Congress, bureaucrats, the president, the courts, the people, the media, interest groups, and all other possible actors playing important roles in policy domains. In the U.S., numerous researchers have used metaphors like “iron triangle”, “whirlpool” or “private government” to describe the sub-government system as an important political decision-making mechanism in earlier U.S. government (John, 2004).

Moreover, Heclo’s popular work on “issue networks” provides a more fluid and changeable form of political relationships with the U.S. government. In some European studies, the concept of policy networks has been seen as a new form of policy (Kenis and Schnider, 1991). These studies attempt to use the idea of policy network to facilitate the co-ordination and co-governance relationships between multiple agents at the national or domestic levels.

The concept of policy network is used to indicate patterns of relationships between interdependent actors involved in processes of public policy making (Kickert et. al. 1997). There is no doubt that an independent relationship is the most important characteristic of policy networks and many theoretical foundations such as the “power/resource dependence” approach (Rhodes, 1990) or the “idea” approach (Sabatier and Jenkins-Smith, 1993) indicate that all actors in a policy domain cannot achieve their own interests and goals without others’ assistance because they need others’ resources and support. It means that the complicated policy problems nowadays are non-hierarchical and complex in democratic countries. These require a combination of resources and ideas owned by different actors. Hence, it is obvious that policy games are created when actors recognise that they have to depend on one another for the realisation of their objectives and in these cases there are mutual dependencies that are not equally divided across these policy makers.

Smith (1993) explores the relationship between the two concepts pf ‘policy networks’ and ‘Iron triangles’ or ‘policy communities’. These are closely related ideas, between which there is no need to make a choice while

formulating a policy theory drawing upon them. Communities or triangles are stronger versions of networks. Therefore, networks may cohere into communities and communities may disintegrate into networks. There may be some issues where communities are more likely than networks and vice versa. There may be some institutional situations, and even societies, where one pattern is more likely than the other and so on.

John (1998) argues that the nature of networks creates a problem. They are both everything and nothing, and they occur in all aspects of policy making. However, the concept is hard to use as the foundation for an explanation unless the investigator incorporates other factors, such as the interests, ideas and institutions, which determine how networks function. Marsh and Smith (2000) are concerned to take broad issues about networks as structures and actors as agents. This involves recognising the way in which actors change networks. Marsh and Smith then develop an examination of the impact of exogenous factors to stress the dialectic relationship between a network, agents and the wider environment.

4.12 Agency structure relations in policy implementation

The agency-structure relation focuses on autonomy and control. It draws more insights from Giddens thinking (Kipo, 2014). Anthony Giddens conceptualizes agents as knowledgeable individual actors, with more wilful power and committers of action. Agents are active and creative persons who are engaged in continual flow of action. Agents continually monitor their activities and expect other agents to do same-reflexive monitoring of individual activity and others (Giddens, 1984). Agents are competent beings capable of explaining what they do. Agents have intentions for doing something and they have reasons for doing so. In addition, Giddens thinks that while competent agents can nearly always tell or report freely about their intentions, reasons for acting the way they do, they cannot necessarily do so for their motives. The problem with Giddens thinking is about agents and their motives; whether they directly motivate agents' day-to-day conduct or

agents' motives are structurally determined, (actors in the context of this study would be synonymized for agents).

There are consequences of agents' action, some consequences are known others are unknown (unintended). Some consequences may affect agent 'doing' action or affect other individuals and or larger society. The consequences of what agents do, intentional (wilful) and or unintentional lead to change of events. Such change of events would not have happened if actor(s) had behaved or acted differently. The issue is on what agents 'do' and consequences of what has been done-within agent's own control (Kipo, 2014).

It is important to note Giddens practical consciousness of social actor-as capacity of human subject in social action and social structure. In Giddens perspective, action refers to human beings(agents) and the aggregate of action create and reproduce social structure in which action is embedded. Social structure in Giddens view is a product of action. Giddens thinking illustrates that the relationship between agents and structure is that of 'autonomy and control'. This means agents have the capacity to act freely and are capable of creating social structures which in tend control or put some limitations on agents. To be an agent/actor means capable of exerting some degree of control over structures (social relations) in which the agent is "enmeshed" (Sewell, 1992, Giddens, 1984).

Agency is the capacity of individuals to act independently of social structures in making their own decisions and choices (Giddens, 1984). Other theorists view that it is individuals who make and remake their world. All human beings have the capacity for agency-for forming intentions, capacity for desiring and acting creatively (Sewell, 1992). This is an indication that all members of society exercise some amount of agency in the conduct of their daily activities or lives. Humans are born with highly generalized capacity for agency, as analogous to humans' capacity to use language. Sewell views complement Giddens thinking on agency-structure relation in terms of

autonomy and control (Giddens, 1984). Agency characterizes all persons (personal agency). However, the agency exercised by persons is collective in its sources and mode of exercise. Thus, agency is collective as well as individual-dualism (Sewell, 1992).

4.12.1 Agency-power relations

Giddens perspective on agency-power relation is based on capacity of individual to “make a difference” to pre-existing state of affairs. For instance, the ability of an individual to change course of events, for example, A makes B to move in the direction B would not have moved (Giddens, 1984). This capability of an individual to “make a difference” implies exercise of power. Giddens says any agent that loses this capability to “make a difference” in course of events ceases to be an agent. Agency logically involves power in the sense of ‘transformative capacity’ and power is closely linked to agency from Giddens thinking.

Max Weber sees power as capacity of an individual or actor to realize his or her will against the will of others in social action. Weber conception of power is that one actor exercises power over another actor (Weber, 1946). Luke and Weber conceptions of power suggest dominance of the individual will and desire over another individual or over collective wills and desires. This conceptualization of power in terms of agency misses power of social structures, which mould human personality. Agents wield power and power is not equal among agents in the social world.

Lukes and Weber conceptions of power as discussed above contrast sharply with other scholars’ particularly Parsons and Foucault who conceptualize power as ‘property of society or the social community’ (Giddens, 1984). If power is property of society or social community, then this makes the scope of power too broad. Parsons and Foucault conceptions indicate power is vested in groups, communities that they exercise for their common good against individual and sectional interest and will.

Giddens view structure as implicated in power relations and power relations as implicated in structure (Giddens, 1984). Giddens power is not basically linked to attainment of sectional interests (individualist or societal or communal interest) but duality or dialectic. The conceptual dilemma is whether power reflects dualism or duality of structure.

Structure is conceptualized as 'external' to human action; it serves as constraint on activities of an independently constituted subject. This conception of structure is related to dualism of social object and subject, macro-micro levels of analysis where society is treated as collective reality and individuals as units of analysis. This characterizes ontology of social sciences. Anthony Giddens conception of structure differs sharply from those dualisms of subject and social object, macro and micro or structure and action. To Giddens structure cannot be analysed separately from action. Structures are made, maintained and changed through human actions (agency). To him structure is intrinsically linked to agency and societies would cease to exist if all agents involved disappeared.

Giddens also link structure to rules and resources. He defines structure as "rules and resources recursively involved in institutions" (Giddens, 1984). Institutions are "the more enduring features of social life" (Ibid). Rules and resources are medium of actors' social interaction. Rules constrain action while resources make action possible, treating resources as enabling aspects of structure. Giddens sees structure and agency as dialectical rather than dualism. This explains Giddens core ontological notion of duality of structure. Duality of structure involves social practices of actors and collectivises. Social practice as unit of investigation has both a structural and an agency feature.

Mouzelis criticized Giddens reduction of structure-agency dualism into duality as incomplete. Giddens conception that structures always constrain and enable actors is also criticized for inability to focus on degrees of

constraint within or between systems (Kieran, 1998). Mouzelis conception of 'dualism' suggests 'distance' between actor and structure (Mouzelis, 1995). Archer made efforts to develop coherent and an empirically profitable conception of structure and agency. She made strong effort to connect theory and research. Her analytic dualism-claims that effective sociological research depends on clear distinction between actors (agents) and structures instead of fusion of the two concepts. Researchers and theorists must see societies and individuals as different entities in their analysis.

Contemporary social theorists in their construction of social theories look at relation between agency and structure rather than as either individualists or holists. According to Sztompka social theorists need to create a philosophy of science that is adequate in their theoretical needs or to create a "fully formed methodological relations" to parallel conceptions of individualism and holism. Theoretical problem is whether social theories should be developed, constructed or approached as either individualism or holism or be developed as agency-structure relation (Parsons, 1995).

Giddens does not see power as a contest, struggle between groups, classes, he rather sees a close relation between power and agency. Giddens view is: any individual in a social relationship irrespective of that person's position in the relationship has certain amount of power over the other. Giddens says, power relations are always two-way, power is a relation of autonomy and dependence in social interaction. Giddens sees power in both agency and structure, where power is viewed as transformative capacity and domination.

The power is a relational concept linking transformative capacity of actors and structures of domination. Giddens structures of dominion refer to asymmetries resources used to sustain power relations in social interaction. Giddens power is not about struggle for recognition and domination of one structure over the other in social life but rather power is about interaction and elements of production of interaction between agents and social systems

(Giddens, 1984; 1979). Thus, Giddens does not reduce social life to struggle for power (Parsons, 1995).

4.12.2 Agency-structure relation in policy implementation

Policy theorists and scholars have different conceptions of effective policy implementation. Effective policy implementation is defined as “keeping to the original intent of the public officials who had ratified the policy” (Howlett and Ramesh, 2009). This conception suggests hierarchy of authority or chain of command exists to ensure policy is successfully implemented in terms of achieving goals and objectives. This conception represents ‘top-down’ theorists approach to policy implementation; they see effective policy implementation towards achieving policy goals and objectives (Pressman and Wildavsky, 1984). The dilemma is whether effective policy implementation is based on carrying out ‘policy intent’ or not.

Agency is a highly contested concept among policy theorists in policy implementation. Some policy theorists link agency to actions and activities of individuals-human agency. Other policy theorists link agency to structure-actions of implementing institutions and organizations in society (Manzamian and Sabatier, 1983; Hall and O’Toole, 2000). Principal-agent theorists see agency differently. Agency is seen as policy implementers (actions of lower staffs). Also, agency is seen as ‘principals’ (policy makers like politicians and senior public officials). All these conceptions involve human agency. These conceptions of agency appear to be a dilemma between actions of individuals and actions of implementing institutions.

Agency-structure relation, some policy thinkers view the two concepts as essentially linked. In this regard, Winter developed integrated implementation model, which attempts to surpass the contrast between agencies (actor-based) and structure (groups, organizations-based). Winter’s theoretical argument is towards synthesizing rather than critical theorizing. In this respect, Winter’s model identifies key clusters of factors, actors conceive to affect implementation output and outcome. These factors and actors include

policy formulation and design; organizational and inter-organizational behaviour; actions, behaviour and perception of street-level bureaucrats (actors); target groups behaviour; changes in society and socio economic conditions. They are crucial for effective policy implementation (Winter, 2003). These key factors and actors can facilitate or inhibit policy implementation.

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Ayee in his work Saints, Wizards, Demons and System see effective policy implementation as involving key policy actors (agents) and environmental factors (structures or systems). He sees actors and factors conception as a way to solving agency-structure problem in policy implementation study. Ayee's conception makes particular reference to Ghana and other African countries. To him key policy actors and factors must be taken into consideration for successful policy implementation. These key policy actors include committed politicians and bureaucrats ('saints'), appropriate policy analysts ('wizards'), hostile and apathetic groups ('demons'). On key factors, emphasis is place on identifying environmental factors ('systems') that work against policy implementation (Ayee, 2000). Ayee's theoretical insight is towards a multi-dimensional perspective, key actors and factors play important role in implementation.

4.13 Network as a Way to Link Structure and Agency

There are two important characteristics of a policy network environment. The first one is that no stakeholders can achieve their goals without other's help such as information, finance, and resource-exchange. The second is that the exercise of power is the most important element. As noted above, it can also be said that the exercise of power or the influential pathways in the policy process are absolutely identified by the network relationships between two or more policy makers rather than property or attribute that is inherent in an individual or group. It also means that power relationships are asymmetrical actual or potential interactions in which one social actor exerts greater control over another's behaviour. Besides, more specifically, if we are concerned

more with communication and information-exchange in policy processes, the influence occurs when one actor intentionally transmits information to another, altering the latter's actions from what would have occurred without the information (Klijn, 1997).

If we are concerned more with Dahl's definition of power, this also shows that power is a relationship between one social actor and another within a specific situation. In other words, influence can also be seen as the relational dimension of power because a communication channel must exist between influencer and influence. The basic units of any complex policy network system are not individuals, but positions or roles occupied by social actors and the relations or connections between these positions (Klijn,1997: Wang, 2010).

It is obvious that the structural approach not only ignores individual bases of explanation in the policy process, but also that the agent approach neglects the structural factor that can shape individuals' behaviour. To be persuasive, accounts of policy formation/implementation should combine both structural and individual perspectives because the stakeholders in policy domains are embedded in the political and institutional contexts. Of course, before the causal relationship between action strategy and policy outcome can be identified, institutional and political structure has influence on an actor's preference, interests and strategies. The network perspective, emphasising structural relationships as its key orienting principle is a strategy to link these (Knoke and Yang, 2008).

As Granovetter (1985) points out, under-and over-socialised accounts are ironically similar in their neglect of ongoing structures of social relations, and a detailed account of individual action must consider its embeddedness in such structure. The network approach is a method to build a bridge between the structural constraints and individual action in social science and can provide measures of the structural constraints of actors depending not only

on their own relations but also on the way other actors are related. Embedding actors within the set of their interactions allows for insight into the distribution of power and the effective influence of social and political actions.

With regard to the methodological stance of the network perspective, two important themes should be noticed. First, the methodological level of the network approach can be identified at the meso-level (Rhodes, 1997) and the unit of analysis is not individual but tie. Second, networks are a powerful conceptual tool for linking the structural location of actors, their individual preferences, and their actions, for bridging the micro/macro gap, and for connecting structure and agency (Tilly, 1997). The reason is that the network approach works to describe underlying patterns of social structure, explaining the impact of such patterns on behaviour and attitudes (Arts and Tatenhove, 2004).

Policy networks can be defined as a set of relatively stable relationships, which are of a non- hierarchical and interdependent nature and link a variety of actors who share common interests (not preferences) with regard to a specific policy. Actors exchange resources and information in order to increase the impact of their lobbying on policy decisions. This relational exchange is organized in policy networks. Although it is widely acknowledged that final decision control is the most important resource in policy process authors largely agree that this control can be exchanged for influence resources such as information, public support, or technical expertise (Choi and Robertson, 2013). The possession of these influence resources considerably facilitates direct access to decision making and policy implementation and increases actors' power (Heaney, 2014)

Policy network analysis has been a research approach in policy studies for many years and offers a description of how policy decision processes are organised, but does not provide any explanation of why they are organized in that way (Hill, 2005). Due to the difficulty of measuring networks, policy

network analysis has often been treated as a metaphor, a conceptual scheme, or a management technique (Milward and Provan, 1998) but there is no doubt that the network perspective provides not only a useful alternative to understand the policy implementation process in modern society but also a strategy to build a bridge between structural and agent perspectives. To assess structural determinants of resources and power, some scholars point to two different branches of research that have followed “relatively separate tracks”: policy networks versus collaborative networks research. Actors exchange resources and information in order to increase the impact of their lobbying on policy decisions. This relational exchange is organized in policy networks (Laumann and Knoke, 1987).

4.14Theories to be used in this study

The concepts of power, its different theories and policy networks (will be used in the chapter six) to analyse the data along with neopatrimonialism concept and path dependency as discussed below.

4.14.1 Neo-patrimonialism

To understand the *patrimonial* core along with the *neo* prefix, we must re-examine Weber’s use of the concept. It is argued that a true neo-patrimonialism, should include the reciprocities that Weber discusses along with the personal dimensions of power, governance, and compliance that feature in most contemporary accounts. It has to recognize the mutual socially constructed obligations along with the inequalities. It must allow for the possibility that such a complex, multi-stranded set of ties and obligations is too complex and diverse to predetermine any one regime type (Pitcher et al. 2009).

For Weber, *patrimonialism* was not a synonym for corruption, “bad governance,” violence, tribalism, or a weak state. It was instead a specific form of authority and source of legitimacy. Almost all structural subordinates retain some power to resist or subvert the desires of those in authority, but

they also agree that certain individuals are entitled to their obedience. Weber's ideal types, describing the cultural variations with which this compliance with authority could be constructed, attempted to examine how the dominated understand, participate in, and even celebrate their domination. Going beyond Marx's ideas of mystification or false consciousness, Weber tried to catalogue the diverse ways in which the legitimate exercise of power could be culturally framed. In patrimonial societies, which have existed in many places, what we would call the state was indeed the personal domain of one or a few leaders. However, in many such places significant legitimacy was derived from an aspect of patrimonialism that is now frequently overlooked (Pitcher et al. 2009).

These were reciprocities that helped cement patrimonial authority. Such reciprocities—personal, densely interwoven, often lopsided, and based on vague and symbolic dynamics of status, loyalty, and deference as much as on material exchange—became the means by which rulers sought obedience from the ruled. Particularly in the political science literature, the terms *patrimonialism* and *neopatrimonialism* are commonly understood (with reference to Weber) to denote systems in which political relationships are mediated through, and maintained by, personal connections between leaders and subjects, or patrons and clients. Authority and the social linkages through which it is exercised are vested almost as personal property in an individual, rather than in impersonal institutions or in a mandate conferred and withdrawn by citizens. Ironically, while patrimonialism is said to cement social bonds in small-scale situations through a reliance on trust, reciprocity, and material exchanges, it is believed to distort power, corrupt authority, and fuel personal puffery when it infiltrates larger political institutions such as bureaucracies and states (Pitcher et al. 2009).

Despite early concerns that *patrimonialism* had become a "catch-all concept" (Theobald, 1982) and that the applicability of *patrimonialism* and *neo patrimonialism* to such a range of cases required too much conceptual

stretching (Crook, 1989), the third and fourth uses of these terms attempt to advance more general theoretical propositions about the causes and consequences of *neo patrimonialism* in developing countries. In the third case, scholars trace relationships between *patrimonialism* or *neopatrimonialism* and economic development. For example, Theobald observes that a lack of development tends to produce a patrimonial public administration.

Drawing on Weber's typology, he suggests that underdeveloped states typically have bureaucracies in which individuals rely on public office to secure private gain because such states lack the institutional arrangements necessary to provide a consistent source of revenue to the state. Without a stable revenue stream with which to pay its officials, the state fails to create a professional and credible bureaucratic apparatus; officials rely on personal networks for power and funds, thereby creating patrimonial bureaucracies. Although Theobald does not restrict his analysis to Africa, he cites a number of examples from Africa to support his claims.

Most important, contemporary scholars have been at pains to explain how personalized relations could function (or malfunction) in the public realm. Rather than questioning the supposed exclusion or neutralization of personal ties in rational legal bureaucracies, these analysts have seen such relationships as either impossible to institutionalize (Budd, 2004) or as "polluting" the public sector with inappropriate connections (Jackson and Rosberg, 1982), resulting in corrupt "hybrid" forms of social and political relations.

4.14.2 Path dependency

Path dependence implies that the direction and scope of institutional change cannot be easily or costlessly divorced from its early direction (North, 1990). The core argument of path dependency is that it is difficult to make fundamental changes of existing policies and therefore, policy continuity

tends to prevail simply because when policies are laid down, decision-makers tend to oppose change (Hill, 2003).

It is only when a so-called critical juncture occurs there is a theoretical possibility that a change of policy can take place. It is very often dramatic events such as wars, military conflicts or economic crises that create ‘a ‘‘breaching point’’ from which historical developments move into a new path’ (Hall and Taylor, 1996).Path dependence suggests that when a commitment to a policy has been established and resources devoted to it, over time it produces ‘increasing returns’ (when people adapt to, and build on, the initial decision) and it effectively becomes increasingly costly to choose a different path (Room, 2011).

In many cases these ‘returns’ are associated with the establishment and maintenance of institutions. Historical institutionalist studies often define institutions as ‘the formal rules, compliance procedures, and standard operating procedures that structure conflict’ (Hall and Taylor, 1996). The focus of analysis becomes the details of a ‘critical juncture’ and the timing of decisions is crucial, because it may be the order of events that sets policy on a particular path. We identify both inertia and unpredictability, as relatively small events or actions can have a huge and long-term effect on policy change, which is very difficult to reverse. Both, Pierson (2000) and Room (2011) adopt the same language (the ‘Polya urn’) to describe the unpredictability of events and initial choices followed by subsequent inflexibility when the rules governing general behaviour become established and difficult to change.

Mahoney outlines the three principal elements of a path dependent model of historical evolution as differences on general story guidelines. That is:

(1) only early events in a sequence matter; (2) these early events are contingent; and (3) later events are inertial (Mahoney, 2000). Contingency usually suggests that the sequence of events is not a strictly necessary one, predictable from the conditions of the starting point according to general

laws, there is a reasonable pattern, which relates one point to another, especially in the early part of the sequence. While a random sequence implies that any event has an equal probability of following from any other, in a provisional sequence each turning point renders the occurrence of the next point more likely until, finally, “lock in” occurs and the general principle of increasing returns, takes over the work of explanation (Mahoney, 2000).

Path dependency stresses the limitations placed on change by the structure of institutions and explains why, even in situations that seem to beg for significant change, breakthroughs rarely occur. Adding on this incrementalism orientation, a number of factors have been examined to explain why, in some cases, large change does come about. In this situation, the roles of key actors, such as charismatic political leaders, and the importance of ideas (Béland, 2005) have been prominent. Large change, sometimes referred to as “punctuated equilibrium,” is more likely to follow, according to this type of thinking, when institutions show signs of weakness, giving way to the action of key players armed with ideas whose time has come. The notion of windows of opportunity (Kingdon, 1995) rationales to increase our ability to explain and predict when institutions, actors, and ideas are aligned favourably for change.

4.14.3 Models of path dependency

In the existing path-dependence literature, one can find different analyses of path dependence. Many of them suggest that path dependence requires both self-reinforcing and reactive sequences (Beyer, 2010). For Mahoney (2000), self-reinforcing sequences refers to the ‘formation and long-term reproduction of a given institutional pattern, while reactive sequences stand for chains of briefly ordered and causally connected events.

As Mahoney states (2000), in reactive sequences ‘each event within the sequence is in part a reaction to antecedent events However, other studies exclude reactive sequences from the definition of path dependence (Dobusch and Schubler, 2013). It is argued that each event or step in any

chronological sequence can be linked to each other in a chain of connection. As any antecedent event can be linked to subsequent events, almost any non-reinforcing event sequence can be treated as a reactive sequence. This raises the problem of falsifiability. Given such limitations or difficulties, this work also limits path dependence to 'self-reproducing' sequences and processes.

The highly discussed and frequently employed models of path dependence in the existing literature are described below. While these models differ in terms of the logic of action and the mechanisms of path reproduction, they have similar conceptions of human agency and of social action.

Utilitarian model

The utilitarian model of path dependence is associated with the logic of consequentiality. As March and Olsen (1984) observe, consequential or calculative logic states that 'action is choice, and choice is made in terms of expectations about its consequences'. This model assumes that human agents have fixed and prior preferences or interests, and they are primarily concerned with maximizing their utilities. Agents are also imagined as rational, in the sense that they choose among available options by engaging in practical cost-benefit assessments. Therefore, it is assumed that agents consciously create institutions to increase means-ends efficiency and to maximize collective welfare (Weingast, 2002).The main mechanism of continuity or path reproduction in the utilitarian model of path dependence is increasing returns, which are defined as self-reinforcing, positive feedback processes (Dobusch and Schubler, 2013).

Normative model

Normative paths are linked to the norm-based logic of appropriateness, which assumes that actions are primarily guided by rules, norms, and identities rather than by material interests (Schmidt, 2010). Thus, as a set of norms, rituals, values, meanings, and procedures, institutions provide a logic

of appropriateness, which constitutes identities and interests, and consequently shapes agents' behaviour (Olsen, 2009).

In an institutional environment, then, agents are assumed to be motivated by ideational concerns such as legitimacy, reputation, and prestige (Hall and Taylor, 1996). In other words, actors are not only *homo economics* but also *homo sociologic us*, which suggests that agents also observe collective understandings such as socially shared ideas, norms, and values. Behaviour is treated as rule or norm driven rather than choice driven. Although the normative model is based on the logic of appropriateness, which is set against the logic of consequences of the utilitarian model, interestingly, these models of path dependence share a similar conception of agency. For the normative model, in institutionalized settings actors 'consciously' follow the associated rules, rituals, and norms and act according to the logic of appropriateness rather than just trying to maximize their exogenously defined utilitarian interests. However, the normative model also accepts that agents are concerned with the consequences or outcomes of their actions. It is assumed that agents conform to the rules of appropriateness to avoid certain undesirable outcomes such as opprobrium (Olsen, 2009).

Habitual path dependence

Weber (1978) identifies four different ideal types of social action: Purposively or instrumentally rational action is motivated by desired or calculated ends; rational action is based on normative or ethical commitments; affectual action is driven by emotional factors; and traditional action is propelled by accustomed or habituated patterns of practice. Instrumentally, rational and value rational actions correspond to the logic of consequences and the logic of appropriateness, respectively, and, as discussed above, are highly utilized in institutional and policy analyses.

However, traditional action, which is connected to the logic of habit, has been neglected by institutional analyses and perspectives. Rather than the

purposive, calculative, and strategic aspects of human agency, the logic of habit is concerned with its dispositional, iterative, and practical aspects. It constitutes the stimulus behind recurrent (usually unconscious) patterns of action or practice. As Weber also observes, the bulk of everyday actions involves habitual actions. Unreflective, non-deliberative actions are prevalent types of social action because human agents do not always engage in calculation or deliberation before acting. Therefore, the habitually accustomed routines and actions occupy an important place in the social and political worlds. Although many rule-following actions are actually based on habits (Hodgson, 2007); the logic of habit has been largely ignored by the extant path-dependence literature. It can be suggested that the logic of habit has major implications for the path-dependence approach.

The notion of 'habit'

Drawing upon studies by William James (1842–1910), John Dewey (1859–1952), and Thorstein B. Veblen (1857–1929), Hodgson distinguishes habit from action by defining the former as 'a propensity to behave in a particular way in a particular class of situations' (2007) Hodgson further argues that habit should be understood as a 'causal mechanism, not merely a set of correlated events' (2004).

It is widely accepted that habits serve key functions in social life. As Hopf notes, habits are 'the unreflective reactions we have to the world around us: our perceptions, attitudes, emotions, and practices. They simplify the world, short circuiting rational reflection' (2010). And most people get mental and physical comfort and reassurance in continuing to do what they did in the past. Similar to long-term contracts, habits also reduce uncertainty by increasing the predictability of future actions. Habits are assumed to be usually unintentional, unconscious, automatic, and unreflective processes, but several scholars warn against overly mechanical understandings of habits, devoid of any meaning and understanding. They assert that, although

unreflective and iterative, habits also involve meaning, understanding, and knowledge (Hopf, 2010).

Habits and Institutions

There is a direct linkage between habits and institutions. As Fleetwood suggests, institutions 'become internalized or embodied within agents as habits via a process of habituation, whereupon the habits dispose agents to think and act in certain ways, without having to deliberate' (2008). The concept of routinization is closely related to habituation. As a largely unconscious process, habituation is characterized by repetition, regularity and continuity. With these features, habituation helps a choice or action become routinized or taken for granted. Therefore, it is asserted that institutions are linked to agency through the mechanisms provided by habituation and habits (Hodgson, 2007). Habits help institutions sustain themselves.

Features of habitual path dependence

Habitual path dependence requires some of the defining features of the classical conception of path dependence. In that understanding, a path-dependent process should have the following properties: unpredictability, inflexibility, non-ergodicity and potential inefficiency(Pierson, 2000). Unpredictability is related to the presence of multiple choices or equilibria at the initial conditions. Because early events are treated as stochastic, contingent occurrences, it is difficult to predict which option will be chosen and lock it in. Contingency, which is considered a necessary condition for path dependence, is also relevant to habitual paths. At critical junctures or moments, a variety of actions or choices are available for human agents, and any one might be chosen. In other words, it is difficult to predict which behaviour will be habituated and lock it in. Thus, habitual paths might also emerge out of contingent or stochastic events and conditions (Pierson, 2000).

Inflexibility means that once a path is chosen, it becomes difficult for agents to return to initial conditions or to shift to another path. Mahoney asserts that ‘once contingent historical events take place, path-dependent sequences are marked by relatively deterministic causal patterns or what can be thought of as “inertia” that is, once processes are set into motion and begin tracking a particular outcome, these processes tend to stay in motion and continue to track this outcome’ (2000). Habitual routines are also difficult to break.

Non-ergodicity means that small, random occurrences early in a sequence of events do not cancel out; rather, such events have a long-lasting impact on future choices or events (Mahoney, 2000). This feature is also relevant for habitual paths. Early events or developments in the process of habituation have greater determinative impact on which choice is routinized.

Potential inefficiency suggests that the path chosen by agents may not be the most efficient choice. In other words, despite conventional models, which assume that rational actors make the most efficient decisions to maximize utilities, sub-optimal, inefficient outcomes or paths might also lock themselves in. Potential path inefficiency is relevant to habitual path dependence simply because, efficiency is not really the issue in the case of habitual human conduct; such conduct is primarily unreflective, non-deliberative and automatic (Hopf, 2010).

4.14.4 Critique of path dependency

A process is path dependent if initial moves in one direction elicit further moves in that same direction; in other words the order in which things happen affects how they happen; the trajectory of change up to a certain point constrains the trajectory after that point. As the Nobel Laureate Douglass North (1990) puts it:

“path dependency is a process that constrains future choice sets: At every step along the way there are choices, political and economic, that provide real alternatives. Path dependence is a way to narrow conceptually the

choice set and link decision-making through time. It is not a story of inevitability in which the past neatly predicts the future".

The concept of path dependency is neither a framework nor a theory or model in the terms of Ostrom (1999): it does not provide a general list of variables that can be used for 'diagnostic and prescriptive inquiry'; nor does it provide hypotheses about specific links between variables or parameters. Instead, path dependency is an empirical category, an organizing concept which can be used to label a certain type of temporal process. The application of this label to a phenomenon is a form of explanation; it competes with alternatives, such as the particular political circumstances pertaining at different times to provide the best explanation of that phenomenon. Importantly, however, the concept of path dependency does not *per se* provide necessary or sufficient conditions to understand or explain that which it labels: path dependent processes.

Path dependency summarizes the insight that policy decisions accumulate over time, a process of accretion can occur in a policy area that restricts options for future policy-makers. In this sense, path dependency arguments can provide an important caution against a too easy conclusion of the inevitability, or functionality of observed outcomes (Pierson, 2000).

The criticism that the concept path dependency lacks explanatory power is well expressed by Raadschelders (1998): "It is only by virtue of retrospect that we are aware of stages or paths of development. 'Path dependency' refers to a string of related events: causality in retrospect. The concept does not come even close to pinpointing a mechanism or the mechanisms that propel social change". The quotation contains two criticisms. The first is that the concept cannot be used for current or future phenomena. This is not a singular feature of path dependency but common to many concepts that are useful for retrospective, 'thick' historical description in the social sciences. The more important criticism is that even if one accepts path dependency as

a possible candidate for explanation it is unlikely to be convincing because the idea does not provide any mechanisms that might provide sufficient conditions for the process observed.

4.14.5 Politics of path dependency

Deeply embedded in the historical institutionalist literature, lies the notion that those policy systems tend to be conservative and find ways of defending existing patterns of policy, as well as the organizations that make and deliver those policies. In Pierson's (2000) terms there are self-reinforcing processes in institutions that make institutional configurations, and hence their policies, difficult to change once a pattern has been established. During the past several decades, historical institutionalism has emerged as a leading and prominent approach in political science generally.

Historical institutionalism conceives of public policy and political change as a detached process, characterized by extended time periods of considerable stability referred to as "path-dependency" interrupted by turbulent, "formative moments." During those formative periods public policy is assigned new objectives, new priorities are established, and new political coalitions evolve to sustain those new policies (Steinmo et al. 1992). Political conflict, is not just a feature of formative moments but just often occurs during path-dependent periods, whenever path dependency is sustained by a dominant political coalition successfully fending off all attempts to alter the political course (Morrill et al. 2003).

Scholars especially those focusing upon the state, overemphasize the importance of civil servants and bureaucrats in policymaking processes, depreciating excessively the importance of politicians as creative actors. One can identify instances in which civil servants do play policy roles far exceeding the influence usually accorded to them in constitutional frameworks (Pierson, 2000).

Several scholars emphasize how “policy legacies”(the effects of earlier decisions) constrain subsequent policy choices about what innovation is permissible (Weir, 1992). This notion of constraint is not a new claim, and Heclo singled it out in his comparative study of British and Swedish social policy(Heclo, 1974). The same sort of argument is explained by path dependency theorists, who seek to argue more that “history matters,” to some extent a self-evident truth (Berman, 1998). Rather, they claim that apparently small choices in institutional arrangements can have remarkable consequences at a later date and that some policy choices may prove almost irreversible (Kingdon, 1995).

Sabatier argues that policies persist primarily because of the persistence of the shared policy beliefs that undergird them. Actors in the policy process are reluctant to dismiss their core beliefs, although they may be willing to dispense with more peripheral beliefs in order to hold on. The idea for the persistence of policies here is not dissimilar to that found in at least some versions of historical institutionalism, and in March and Olsen’s version of institutionalism but lacks the institution that formalize and structure the resistance to change. Institutions, in the form of agencies in government, are used in empirical analyses of policy change, but the emphasis in the analysis has been on political actors rather than institutions (1993).

4.15 Empirical studies from Low and Middle income countries

Translation of policy into practice in developing countries is a challenging and real concern. The policy implementation process in developing countries shares a great deal with the process in more developed countries. However, the effects of poverty, political uncertainty, people’s participation as well as the unique character of each developing country cannot be ignored in the policy implementation process (Saetren, 2005).

Jan-Erik Lane (1999), in *‘Policy Implementation in Poor Countries’* argues that the problems connected with policy implementation in developing or

Third World countries are tangled with basic economic and political conditions. He contends that political stability and economic development are closely interrelated. On the one hand, low level of economic development leads to political instability and, on the other hand, political instability worsens poverty. Effective policy implementation improves poverty situation in developing countries, which need both economic development and political stability. He is optimistic about the possibility of closing the gap between the rich and poor countries, provided strong and stable regimes utilize available economic resources to foster economic growth and development.

Participation in policy processes is not so pronounced, and the channels for participation are less well established in developing countries. At the same time, the state structures, whatever their weaknesses, are relatively powerful as compared with their societies. However, the interface between state and society is constantly changing. Of all the causes of poor policy implementation in developing countries, the most serious institutional flaws are in political systems. Furthermore, a common assumption is that implementers are involved at every stage of the policy-making process, and that they are often the most powerful groups in setting the policy agenda. In many developing countries, participation of lower level in the selection of sets of options is rare, and the choices are made by central-level policymakers. Very often, the problems the developing bureaucracies have to deal with are more difficult to solve than those in developed countries, multiplied by limited resources for implementation (Lane, 1999).

Interdependence between developed and developing countries arising from globalization is growing up. It has direct impact on the design and implementation of policy of the country. Usually, aid conditionality as per the interest of donor country determines whether a policy is translated into practice or not in a developing country. The adoption and application of implementation research findings from western countries for further improvement of policy implementation is a challenging concern in developing

countries. There are not enough autonomous associations and institutions at work to obtain information on the impact of policies or to communicate this information to public officials. Policy evaluation tools like ‘think tanks’, university research facilities and investigative journalism are virtually unknown in developing societies (Lane, 1999). The more conventional feedback mechanisms, such as political parties and interest groups, are fragmented, or not trusted by their constituents, or controlled or ignored by the government.

The literature is dominated by the top-down and bottom-up perspectives and their synthesis. The basic arguments of these perspectives concern methodologies and accountability. The ‘top-downers’ call for eliminating the ‘gap’ between formulation and output, whereas the ‘bottom-uppers’ emphasize the inevitable, and perhaps desirable, participation of other actors in later stages of policy process. Synthesizers have tried to get variables from both top-down and bottom-up perspectives (Paudel, 2009).

However, the policy implementation process in developing countries shares a great deal with the process in more developed countries. Issues concerned with the conceptual clarity of policy implementation, theoretical debate over the top-down or bottom-up perspectives, applicability or transfer of research output from one region to another, methodology employed in implementation research and so on are seen as arguable. This needs to be addressed .In addition, such studies should consider the implementation context as well. It is because these theories were developed in the Western context where more stabilized and democratic political regimes are functional. But, quite a different situation often characterized by uncertain, unpredictable and ever changing political situations diversified social settings and weak economic condition prevails in developing countries (Paudel, 2009).

Several constraints are hampering the implementation of policies and programmes in the developing countries which according to Hamdan and

Defever (2003) are: shortfall of budgets, inadequate coordination and communication between key players, particularly in the area of training and education, dependence on external funds, lack of sound data, wide-range of actors with divergent interests complicating policy implementation, insufficient evaluation and progress monitoring mechanisms, inadequate legal framework regarding both public and private sectors, political interference, the effects of political patronage system, e.g. opening new facilities, recruitment, political appointments, highly centralised management system and bureaucratic procedures, resistance to change by personnel, especially when the issue entails additional responsibilities, poor incentive system to stimulate implementation, in particular regarding strategies of equitable distribution of personnel, involvement in private practices, and attraction of qualified personnel to the public services, influences of political patronage, e.g. unnecessary political appointments, competition between public and private sector for limited qualified health personnel in the workforce market.

Some studies (the Ghanaian, Malawian, Nigerian, Pakistan and Bangladesh) illustrate how two sets of institutional arrangements formal, 'Weberian' bureaucratic arrangements in democracy, on the one hand, and varieties of patronage and patrimonial relations, on the other overlap each other, and how one tends to prevail in practice, distorting the other (Leftwich, 2007).

Pakistan political system fits into egalitarian-authoritarian, which is characterized by a closed ruling elite, authoritarian and patrimonial bureaucracies and state-managed popular participation. Close links often exist between single political parties and the state and its bureaucracies. During the 1970s, the Soviet Union, China, Vietnam, Angola, Mozambique and Cuba might have been included (Buse et al. 2005).

The pluralist approach to politics (Held, 1996) presumes democracy of some kind and starts from the assumption that democratic politics in such institutional arrangements is as much about the interaction of groups and group interests as it is about formal electoral politics and party competition. It

is assumed that all groups have some power or influence which they can use to advance their interest or curtail the interests of others and help to shape policy and institutional outcomes. Democratic politics is concerned with how these interests are able to exercise legitimate voice. More recent versions of pluralism recognise that states are seldom 'neutral' and that they have interests of their own, and that some wider interests, notably corporate ones, have more power than others (Leftwich, 2007).

Indian democratic politics, for instance, since 1947, for all its complexities can be interpreted in pluralist terms, as can the politics of Canada or New Zealand, the mix and overlap of basic institutional rules for politics can generate what Carothers (2002) has described as *'feckless pluralism'*. By this he means a situation in which dominant elites in coalition, in competition or one after each other circulate at the apex of power, seizing scarce state and social resources in a vacuum of persistent societal poverty.

Marxist conceptions of politics strongly believe that political power is essentially an expression and function of economic power; that class and class structures are direct expressions of the economic structure of societies, that class conflict is the essence of politics. Marxism asserts that there is only one science for the study of society and it calls it by the name of *'historical materialism*' for it is impossible to understand, contemporary British, Bolivian or Bangladeshi politics without a full engagement with their economic and social history. Interestingly, that is indirectly but precisely the broad approach adopted in a number of studies (Pakistan and Bangladesh, for instance) and the study of Bolivia's political party system makes that very clear (Wiggins et al. 2006).

Richard Sklar, has pointed out that in many African polities, especially, it is not economic power that has given rise to political power, but the other way around, where those in control of state power, that is political power, have been able to use that control to expand their wealth and that of their followers. In Africa, as Sklar argued, 'class relations, at bottom are

determined by relations of power, not production' (Sklar, 1979). A couple of studies on Bolivia, Pakistan, Ghana, and Malawi show the persistence of uneven distributions of power, partly anchored in cultural institutions and partly anchored in the structure of ownership and control of economic and political resources (Leftwich, 2007).

The emergence of new interest groups is often suggested as a potential driver of change since these have the potential to challenge and undermine existing power relations. The existing power brokers in Pakistani society, such as landowning elites, the urban rich, and state functionaries will need to accommodate emergent class interests or face political conflict (Gazdar and Sayeed, 2003).The emergent middle class is often assumed to play this role by virtue of its numerical and economic significance, but its interests may well run counter to those of the poor. A counter-argument to the underlying progressive role of the middle classes highlights its engagement in unproductive rent-seeking which diverts resources from the poor (Nadvi and Robinson, 2004).

In a comparative analysis of health policy implementation in developing nations like Columbia and Iran (Ugalde, 1978) it was noticed that apolitical planning is not possible. In the two countries studied and the literature shows that the same is found in many other nations, political leaders and technocrats found themselves frequently at odds and in conflict. In Iran, the political elites could easily control the technocrats but this was not the case in Columbia where technocrats made many political decisions.

Main weaknesses in the implementation of the voluntary health policy in a study conducted in Lebanon in 2013, included lack of planning, and lack of political commitment, inadequate resources and weak capacity of public institutions. The success of policies depends on integrating knowledge from the following three sources: political know-how, scientific and technical analysis, as well as professional experience. Findings showed that political judgment pre-dominated policy implementation and was influenced by

political interests, urgency, and the values and opinion of policymakers (Jardali et al. 2014).

Frequently policy programs in low and middle income countries are not implemented or are only partially implemented. The interesting finding in the study of health sectors in two countries was the many similarities in the process of implementation. The flow of decisions in authoritarian societies is downward without a previous upward flow of information and demands. Implementers do not feel strongly motivated to carry out decisions made elsewhere particularly in the face of difficulties which they may have seen and superiors declined to acknowledge. It was learnt that poor supervision and evaluation also contribute to low compliance and weak implementation (Ugalde, 1978).

Lao People's Democratic Republic (Lao PDR) despite achieving success in policy formulation has some challenges in terms of effective implementation (Jonsson et al. 2014). By comparing two policy implementation processes and the role of research in policymaking, it was illustrated that not only the context *per se* is important for the policy formulation and implementation but also the timing. It shows that without contextual knowledge and domestic implementation capacity the policy in question risks producing unintended effects or being delayed (Jonsson et al. 2014).

The Policy-Implementation gap was quite evident in another study conducted in South Africa, Marais (2000) points out that attempts to merge the medical and socio-political paradigms were unsuccessful. According to McIntyre and Klugman(2003), the course of the implementation process created a conspicuous gap between the policy intentions and the policy reality, preventing from attaining its more comprehensive goals. It reveals that the widening gap between policy intentions and policy implementation resulted from a complex interplay of all policy components and actors (Nattrass, 2007).

In another study conducted in Tanzania (Kamuzora and Gilson, 2007) shows that pressures from the ruling party to speed up implementation may explain why policy implementation was an imposed and rushed process, which gave them little time for preparation and left a number of key issues unclear. Other studies have certainly shown that policy implementers react negatively to new policies formulated by national-level policy makers without their involvement (Mwangu, 2002).

It is interesting to assess the role of Population Policy in Pakistan in relation to the experience of neighbouring countries. Useful contrasts can be found in the histories of policy and change particularly in Bangladesh, Iran and India. Pakistan was the last among its neighbours to have fertility decline and continues to have the highest fertility rates. At the time of its inception, Pakistan's fertility rate of 6.6 births per woman fell between India's fertility rate of 5.9 and Iran's fertility rate of 7 births per woman, and was the same as Bangladesh's (Weiss and Khattak, 2013).

Bangladesh offers a particularly tantalizing comparison since it was a part of Pakistan and therefore had the same policies until 1971. In fact much has been written about the comparative experience of the two countries. In essence, while politically joined but geographically separated, the two countries had many differences in terms of ethnic mix, population densities, marriage patterns and landholding patterns. To reduce their different fates to merely different implementations of the same development policy is to view major shifts in human behaviour through a narrow lens. Another Important difference between the two countries was that the newly formed Bangladesh had a chance to view its resources in line with population size. Pakistan in 1971 was in a different position; having lost half of the country, did have at that point more resources and other concerns such as a population fragmented across four provinces and multiple ethnicities (Weiss and Khattak, 2013).

Perhaps even more intriguing is Iran, a seemingly conservative country where Ayatollah Khomeni announced a population policy quite late, in 1992. Yet Iran has found routes to achieve fertility reduction much more rapidly than Pakistan population policy in all practical terms followed a fertility decline in the case of Iran; perhaps the policy was a mere means to endorse behaviour that had already started to take root. In fact, the story of Iran's family planning program is an ideal one, showing how various groups converged. Planners, economists, and health specialists, among others, joined to create consensus on the issue, taking the powerful clergy on board slowly and surely. Iran illustrates that the success of policy lies in its wider endorsement. In any case, in Iran as in Bangladesh, a policy supporting family planning was accompanied by supportive policies such as education of women, an excellent rural health system with neighbourhood health houses, and religious orientation counselling before marriage. This pattern of policies led to very rapid decline (Weiss and Khattak, 2013).

The concept of power and patronage has been well noted in Africa, where wielders of traditional sources of patronage were able to gain control over government resources (Boone, 1998). The result was a fragmented political structure in which national leaders were compelled to negotiate with political elites for control of state institutions (Simpson, 1988).

However, this process was not restricted to traditional or tribal areas. Even in relatively well-institutionalized Canada, patronage was the primary means by which the loyalty of elites was bought in the building of the independent Confederation. Relatively more centralized former colonies like Botswana and Singapore also used patronage liberally, but in these states, as in Sri Lanka the distribution of patronage emanated from the capital. The importance of this varied location of patronage distribution lies in the contrasting practicality of reform in centralized and decentralized polities. Dictators across Africa, even in relatively strong and centralized states like Rwanda, have been prolific users of patronage, and have used control of the state to amass enormous personal fortunes (Kenny, 2013).

A study conducted in Ghana showed that the appearance of a policy or programme on the agenda and its fate within the programme of work is predominately influenced by how national level decision makers use their sources of power to define maternal health problems and frame their policy narratives (Koduah et al. 2016). Power is not restricted to the relational mobilisation of resources or the achievement of outcomes by actors alone, but it also includes dispositional and structural phenomena.

Fischer and Sciarini (2013) confirm that institutionalized decision-making power affects how influential an actor is perceived in a policy network. Actors have formal authority if they are administrative agencies, executive bodies of the central state, political parties, or peak associations. It is suggested that the presence of a specific kind of policy network in a given policy sphere reveals a great deal about the propensity for it to experience certain types of policy change. The evidence from the four Canadian cases in a study conducted in 2002, suggests that ‘‘*networks do matter,”* and that continued research in this vein is definitely needed. This is why policy networks can also explain policy stability, insofar as they are ‘closed’ networks, where key actors prevent new actors from entering policy debates and discourses. Namely, all actors strive to create ‘policy monopolies’ dominated by the stability of interpretations and predictability in terms of who can participate in policymaking. Closed policy networks typically also involve veto players that can prevent changes from occurring (Howlett et al. 2003).

In a study conducted on Israeli Health systems in 2010, has shown that the hospital trust and health reforms suffered due to weak institutions and path dependency. It definitely lacked a corps of powerful political actors interested in overcoming the obstacles to change (Feder-Bubis and Chinitz, 2010).

4.16 Conclusion

An extensive review of the literature showed policy implementation as a complex, technical and political game with a key role of actors/agents and structures. It presented an overview of evolution of different implementation theories and their synthesis. The relationship between policy actors and implementation was emphasized by linking the top-down and bottom-up perspectives to Marxist and Pluralist theories. Giddens thinking was applied to policy implementation in context of agency structure relations. The emergence of policy networks as a way to link actors, their power and structures was highlighted. Power and patronage leading to neo-patrimonialism, path dependency and its models were also discussed in detail.

This chapter highlighted that despite the central role power plays in affecting policies, it remains under researched. The central concern of this research therefore is to unmask the power relations and strong nexus between these networks and path dependency, which affects implementation of policies at different tiers. Some of the empirical studies have shown these concepts as separate entities but none of the studies conducted in Low and Middle Income Countries (LMICs) has integrated all these novel concepts in a single study so far.

The empirical evidence from Tanzania, South Africa, Lebanon, Iran, Colombia, Nigeria and Botswana highlighted the complexity of policy implementation. Power and patronage were seen African states like Ghana, Nigeria and Rwanda. Policy networks seemed to be operating even in developed countries like Canada but there was hardly any example found in developing countries. Path dependency in Israeli context showed how it could block some of the much needed reforms in the health sector. These concepts of power, policy networks and path dependency would be taken forward to discuss the core argument of this research.

Chapter Five: Findings

5.1 Introduction

This chapter presents the data extracted from the forty-two interview transcripts, particularly outlining the perceptions, experiences and knowledge of key policy actors in policy implementation process in general and in health sector in particular. It also presents the roles of different actors in the decision making process and how they perceive their role, the relationships among key actors and the extent of power they exercise. These findings are compared and contrasted under the seven main themes from the data, which are policy development context, process, role of actors, policy content, policy implementation, financing and policy recommendations.

5.2 Actors in policy implementation

The main policy actors among the key informants were bureaucrats (civil servants inducted through a written and oral exam), politicians, technocrats (officers in health and other ministries but not civil servants), donors, Council of Common Interests (funding body formed after the 18th amendment and chaired by the Prime Minister) private sector, doctors and other interest groups. Different groups of the key informants had conflicting perspectives on almost all the issues. Consensus was seen within a group where there was a common interest, goal or sharing of authority and resources.

5.2.1 Bureaucrats (national and provincial level)

There was a consensus among the politicians that the role of bureaucrats was of agenda setters and real decision-makers in the Pakistani context. They are seen as all strong and powerful and dominating all the decisions at the higher level. It is generally perceived that they can implement what they want and create hurdle in those policies which they do not want to see come into force. Almost all the politicians agreed that bureaucrats are seen to have their own vested interests. Just one politician at the national level had a contrasting (minority) view that they are helpless in front of the politicians and

they are there just to draft policies. It can be seen that just a minority opinion was in favour of the bureaucrats. Bureaucrats at the national level were blamed more as compared to the ones at the provincial level. Analysis revealed that it was due to conflict of interests, which was seen more at the national level. It was interesting to see that the politicians and bureaucrats both blamed the army. Politicians more for seizing the power from them and bureaucrats for having more control on resources.

One senior technocrat remarked, "*In public sector it's the health ministry and people even like secretary health are helpless. Mainly the politicians are in control and it is translated down*."(Key Informant, 12)

When asked why there is so much dependency on the bureaucrats one participant laughed and said *"As our politicians do not know how to draft even a letter so they are dependent on the burea*ucrats". (Key Informant, 30)

Therefore, it can be seen that the expertise of the bureaucrats was clearly admitted by the politicians and that made them so indispensable for the policy makers. Their power was admitted by the majority, but the expertise was mentioned by just one or two.

The politicians who were over 60 years of age had a long institutional memory and saw the Pakistani bureaucracy as a remnant of the colonial past. In some instances, they explicitly mentioned the institutional friction and policy inertia in the general political sphere. The technocrats were of the view that the power of bureaucracy vis-à-vis politicians differs from country to country. In the current system of political patronage, civil servants and politicians may form very tight circles and networks and take policy initiatives, which suit them the most. In some career systems like ours, civil servants stay and politicians change so they are dependent on the civil servants. These bureaucrats have strong linkages in other departments and to some external interest groups as well and this thing increases their influence in decision-making processes in all sectors be it health, education or others.

Bureaucratization in Pakistani context also grew out of nationalism like most of the African states. It can be seen that the personal and political connections and linkages were prevalent among every group of key actors in the policy sphere. Findings suggest the Pakistani bureaucracy could be rightly labelled as *Patrimonial Bureaucracy* as it is mostly run by personal networks and personal relationships at all levels and across all departments. The patrimonial culture, which prevailed in the macro-political sphere and was reflected in the health policy sub-system as well.

Some of the bureaucrats were keen to explain to the researcher as to how the system works in Pakistan. They told that at the national level, federal minister and federal secretary are responsible separately to the Prime Minister. There are six provinces and each headed by the Chief Minister. Each Chief Minister has a secretary and the cabinet. Both secretary and ministers report to the Chief Minister. The ministers are more interested in funding rather than policy formulation. They try to divert funds to their constituencies. They are just interested in service delivery in their areas to garner votes for the next tenure. They do not strengthen opposition party constituencies. They do it not on policy matters but on local interests. Politicians interfere in administrative domain which is considered by the bureaucrats to be their domain. There was a clear blame game going on between the two important policy players in Pakistan i.e. bureaucrats and the politicians. It is striking that tensions among role players existed primarily horizontally where two interest groups at the same level competed for authority and resources.

Another senior official in the health ministry remarked "*I think that enhanced role of bureaucracy is everywhere. Ideally it should be political ownership but conversely every policy, particularly health policy is influenced by the bureaucrats.*" (Key Informant, 16)

A politician who had been in power for quite long and now in opposition said, "*I think major policy decisions are taken up by the bureaucrats in our country. I am a privy to a lot of meetings and certain tasks were given and timeline set*

but they used to come up with bureaucratic hurdles and procedures." (Key Informant, 2)

This quote reflects the helplessness of the politicians and the non-decision making power of the bureaucrats, which was perceived by a majority of the key informants.

The bureaucrats at the provincial level had quite varied views about political interference from the centre. The ones from the Punjab province (which is also being governed by the ruling party at the centre) said that they have no political pressure or interference by the federal government. But the ones from Khyber Pakhtunkhwa (KPK) complained that they cannot work according to their own will and have to listen to what politicians tell them to do.

On the other hand, bureaucrats at national and provincial level were of the view that they have the desired knowledge and skills in the policymaking and its implementation, which adds to their power and gives them an edge over the politicians. They were of the view that it is their knowledge and expertise, which makes them indispensable for the politicians. Interestingly, the top civil servants supported the government policies and avoided certain issues, but the junior officers spoke more openly and were critical of the policies. Most of the top-level bureaucrats were reluctant to talk about the reasons behind the failure of polio eradication program in Pakistan although some junior level blamed the international lobbies behind it. Therefore, the views clearly varied at different levels of the government. This also shows the variation of views within the group of bureaucrats and the coalitions at this level.

5.2.2 Politicians (national and provincial levels)

There was an apparent consensus among the bureaucrats, health officials, and technocrats that the politicians have a lack of commitment, ownership, and direction. It was the other way round with the bureaucrats. Just one bureaucrat at the federal level praised the politicians for not interfering in his decisions. However, mostly they were believed to have some prefixed ideas

about policies. Politicians were blamed by the bureaucrats and the technocrats to interfere at every level of policymaking and its implementation. They were seen favouring and posting their close ones on important posts. They were also blamed to just support the politically visible projects to gain electorate in the next elections. This blame game was more visible between the politicians and the bureaucrats at national and provincial level. Every group of actors had a subgroup that differed with the majority, which can be considered a minority view.

A senior technocrat said, *"Government makes policies which are run by bureaucrats. They just favour their close ones. With each succeeding government there is a shift in the policies and the top management."* (Key Informant, 9)

There are two viewpoints in this quote, favouritism and frequent change in the governments.

A health official involved in the policy implementation remarked, *"Politicians are the main barrier in implementation of policies. They have a myopic vision and earn for personal gains. Every government has its own political agendas. They want political visible projects."* (Key Informant, 19)

Personal and political agendas are being attributed to the politicians. They were blamed having wrong priorities and investing in politically visible projects for winning the next elections.

Technocrats believed that politician friendly policies are being made with every government and at every level. One health official at the mid managerial level narrated this, as *"Not just in health but in all sectors politician friendly policies are made, like there is no tax on agriculture because all politicians are feudals*." (Key Informant, 5)

The above quote clearly reflects the political patronage and networks in all the sectors and not just health.

Most of the bureaucrats at the federal level were of the view that the politicians do not give them a direction or input and at the end that gets implemented is the politicians' choice. This view was shared by all the bureaucrats at the national and provincial level except one at the federal level. He expressed his views that the government fully supports him and cooperates with him. But sadly, after a month when the researcher was still collecting the data he was removed from his office for some unknown reasons.

A senior health ministry official remarked, *"Policy is a broad framework. It has to be projected and programmed with consensus. But sometimes they are standing together, but their faces are in different directions. I mean to say they are at 180 degrees. But at the end what politicians want gets onto the agenda*". (Key Informant, 16)

This quote clearly reflects the conflicting working relationship between the politicians and the bureaucrats.

A technocrat at the provincial level said, "*Politicians dominate and bureaucrats listen."* (Key Informant, 21).

The above view (though a minority view) was in contradiction to the politicians who perceived bureaucracy to be the most powerful. The politicians were also blamed for rent seeking. Rent seeking was mentioned mostly by the provincial level bureaucrats. Corruption and rent seeking frequently came up during the interviews. It was evident that due to conflicting goals and interests there was strong lobbying among different groups.

Despite the apparent, blame game the hidden power game could easily be sensed, which no one talked about and it was directly related to the control of resources at different tiers. The power nexus at the national level was clearly mirrored at the provincial level and down to the districts. Though at the higher level, it was mostly over resources and authority, at the lower level there

were some clear alliances, sometimes due to personal networks and sometimes due to political connections.

5.2.3Technocrats (national and provincial)

Technocrats were seen to be important actors in the policy implementation process. Most of them thought that they are seldom consulted on important matters even if they have the right expertise for it. A couple of politicians at the federal level were of the view that the technocrats should be the part of the ministries as they have a better knowledge of running the affairs then the politicians.

One health professional remarked: *"My big objection is that out policy process should also include technocratic part. Bureaucrats are everywhere. They can draft well but it is about actual targets and its essence. So I think right stakeholders involvement is lacking.*" (Key Informant, 40)

It is quite clear from the above quote that the participation of the right people is lacking in the overall policy process. The objective of the health professional is apparent here as he sees the gap in the system where the stakeholders who are central to the policymaking are marginalized or ignored. They are intentionally kept out of the system as the policy makers want to have their own monopoly.

Commenting on the role of recently founded National Health Services Regulation and Co-ordination Ministry, a provincial health ministry official commented, *"The new health ministry is at its budding stage and still not mature. It has not given any policy still or defined its role and responsibilities."* (Key Informant, 21)

It can be seen that the provinces openly criticized the new health ministry at the centre for not providing the framework for the policies at the provincial level.

A national level bureaucrat "*They are doing nothing absolutely nothing."* (Key Informant, 41)

The above two quotes clearly show the disappointment with the ministry of health formed at the national level after the June 2011 devolution which was blamed for its careless attitude and not providing a forum for the provinces to have a common framework and develop their own individual context specific strategies at the provincial level.

5.2.4 International donors (national)

There were two views about the role of international donors in Pakistan. Politicians viewed them as having a positive role in the policy process as they were investing money in the country. On the contrary, technocrats were of the view that they had an international agenda behind this financial aid.

A senior technocrat at the provincial level remarked, "*I mean the biggest challenge government has when dealing with International partners is that they do not have for example a policy framework for a province or centre. They would have a five-year plan and a plan is not a policy. So the challenge is when international aid and assistance is available what is it used for*?" (Key Informant, 6)

All the technocrats at federal and provincial level were of the view that the donors would want to align the implementation of their funded programs with their country plans and policies. And that does not necessarily go along national priorities because there is as such no policy. Therefore, the government does not have that strategic steer to align international assistance to their own strategic goals. In addition, the funds are always diverted (mostly by the politicians) which is again the rent seeking as mentioned above.

The outsourcing of some of the districts in KPK province was criticized by some senior health officials of the same province. According to them, the junior doctors were being hired at a high salary by these donors and once they retreat, these doctors and paramedics were not willing to go back to the low salary structure in the public sector. A few of the technocrats at federal level blamed the provincial government for not having any provincial health

policy after devolution. There were provincial health strategies on the websites, but in practice nothing substantial was being done.

The bureaucrats kept silence on the donor issue. Their silence clearly indicated that they collaborated with the donors on a number of issues like funds and resources. And this thing further strengthened their position in the policy sphere. However, the technocrats were of the view that the national priorities shifted towards the issues where international focus was. They quoted AIDS program as an example, which received out of focus attention as compared to hepatitis or other non-communicable diseases. So the phenomenon of selective attention was visible in the health policy sphere.

5.2.5 Media (national and provincial)

Media was perceived to be an important actor these days in the country. Most of the politicians were of the view that the media people can influence the policies at the national level by portraying the good and the bad points about these policies. Some technocrats thought that media could be used more to create awareness among the masses regarding the basic health issues and quoted the examples of some neighbouring countries in regards to that.

On the role of media, one health official working in an International organization remarked, "*Media people have their own political mileage. Bangladesh has used Maulvis to control population but we do not use them in a constructive way. We should have right people everywhere who can formulate policies and disseminate it*." (Key Informant, 5)

The need for appointing the right people for the right job has been pointed out mainly by the technocrats.

5.2.6 Council of Common Interests (CCI) (national level)

The CCI was seen as an important actor in health and other sectors following devolution, as it is responsible for funding of various projects at the centre and in the provinces. CCI was mentioned in the wake of devolution by most of the participants. This body consisted of chief ministers (of four provinces)

and some other key ministers, headed by the Prime Minister. It is responsible for the funding of the provinces. Most of the politicians in opposition viewed this body as a political thing, which hardly ever meets. Some bureaucrats at the national level thought it is working fine and its decisions cannot be challenged by anyone. Usually the vested interests dominated the provincial interests. A state of confusion prevailed after the devolution and some of the donor agencies approached the provinces directly.

A health ministry official said, *"CCI has not played any role that's why Polio is still endemic and we have travel restrictions. Dengue is also out of control."* (Key Informant, 19)

A senior national level politician remarked, *"I think CCI is just discovering its role and still struggling. They are trying to take their own decisions. Concept is good depending on which government is in power, like the current government is not a great believer of CCI*." (Key Informant, 9)

The politicians in power praised the working of CCI but those in opposition and the bureaucrats criticized it for it being overshadowed by the current government and not addressing the issues on time. Again, political patronage was seen. According to the participants, it hardly meets to address the provincial problems, which are creating unrest among the provinces, especially among those, which are not governed by the ruling party at the centre.

5.2.7 Doctors (national and provincial)

Findings revealed that the medical doctors (who are well versed with the health issues) were generally not invited to the policy-making forums. They were just informed once the policy was formulated. Most of the doctors wanted to serve in the private sector due to a high salary structure.

A minority of the technocrats mentioned that the best brains were fleeing from the country and labelled it as the brain drain. Health ministry officials were of the view that health is not a top priority of the present government

rather it has never been on the agenda of any government. Technocrats thought that medics have the powers limited to the hospitals only. Clinicians turned advisors complained about the government funding NGOs and tertiary care suffering as a result. So alliances could be seen among the technocrats and the clinicians and both these groups criticized the bureaucrats and the politicians.

Politicians were of the view that the doctors have created hegemony in the hospitals and even to get a bed in a ward in PIMS (Pakistan Institute of Medical Sciences) you need a call from a higher up in the government. Although the senior management in all the hospitals was appointed by the influential politicians, but still they had a perception that they were all powerful within their own settings. There was a consensus among all the technocrats that health has never been a priority and some of the top bureaucrats and politicians criticized that even if the common people were given a choice they would opt for jobs and employment.

5.2.8 Interest groups (national and provincial)

Another actor in the policy sphere appeared to be the interest groups who were also seen to be influencing the decisions indirectly. They were seen to be close to both the politicians and the bureaucrats. They were regarded as the invisible actors in the policy environment but were an integral part of the policy network.

A senior technocrat at the provincial level said, "*Policy is influenced by the interest groups most of the time in most of the countries and get their demands and suggestions included in the policies like professional bodies, traders. etc. They influence the policy making and the bureaucrats, as they are primary beneficiaries and try to include those objective suitable to them."* (Key Informant, 8)

Professional bodies included doctors, nurses, paramedics and some pharmaceutical companies. There were some contradictory views on this power group. Bureaucrats thought that there was a strong triangle of nurses,

doctors and paramedics who influenced the decisions. There was a clear lack of consensus on the role of interest groups in the decision making process. Interest groups also strongly allied themselves with the people who could promote their interests. Alliances here were more for monetary gains.

A senior health professional KI(28) remarked "*Patients are not forced but they want good service delivery so they go to the private sector as there is more efficiency here. There is an attitude problem in the government sector as there is no responsibility and accountability in the public sector."*

KI (1) another senior health ministry official remarked *"In public sector performers have no threat. Accountability is more in the private sector and there is more efficiency and best brains are hired by them. They do not improve qualifications and skill set. But in private sector case is different; there is more accountability and more efficiency. Public sector has less accountability and less efficiency. They have a job security so they get away with it."*

The technocrats at all levels, whether national or provincial saw the private sector as an important player in the health sector. It was thought that the best brains among the doctors were being hired by this sector and this showed lack of interest on the part of policy makers to formulate policies, which could provide a proper career ladder to the young doctors. An important insight was that these interest groups kept on shifting alliances depending on where the locus of power is. The main interest group like the civil society was just acknowledged mainly by the technocrats who viewed its presence as vital in the policy forums in order to have first-hand knowledge of the grass root problems. However, majority of the bureaucrats were of the view that they know nothing about the policies so why they should be consulted.

A technocrat from the planning commission KI (16) commented *"Ideally it should be the political ownership but conversely every policy is influenced by the self -interests".*

There seems a strong connection between the behaviour of the policy actors and implementation as their self- interests, personalized and patrimonial relations of power had a great effect on the policy implementation be it health, education or others.

5.2.9 District health officials (actors at local level)

The perceptions of the local health officials are compared and contrasted below:

A district health officer from KPK remarked, *"My experience says, the main problem is political interference, lack of HR, lack of funding, lack of equipment. And administrative issues in the management as well*." (Key Informant, 19)

Another district co-ordination officer from the same province said, *"If you don't bow you have to go."* (Key Informant, 20)

It can be seen from the above quotes that in KPK the district officers were more dissatisfied with the higher authorities as compared to Punjab and the capital. The KPK informant was of the view that politicians always like to have their own personnel even at the district level and the ones who disobey them are transferred to a remote place soon. However, the way these officials sounded made it clear that personal and political connections did matter at this level as well. Those who were personally loyal to the ruling party and submissive were favoured the most to form a strong network at all levels. Personal connections and political linkages did matter at every level, which may be understood as *Patrimonialism.*

The district health officer from Punjab province remarked, *"We never face any political interference and our province is performing well."* (Key Informant, 25)

The ones in Punjab seemed to be satisfied with the policies of the seniors and boasted that their province excels in many things. Once again, a strong

coalition was seen between the ruling government at the centre and their counterparts in the province. So the perceptions about the seniors differed within the group of the district health officials or the street level bureaucrats belonging to different provinces. The district health official sitting in a Basic Health Unit (BHU) in rural Islamabad first gave the appointment, but was not comfortable at the start of the interview and suddenly left on the pretext that he had to attend the meeting. This district health official appeared to be dissatisfied with the politicians but refused to give comments on any of their policies. The silence was stronger than the words.

5.3 Policy Process

Commenting on the policy process some of the key informants gave their viewpoint as:

A technocrat in the Planning Commission quoted "*As James Wattman analyzed Pakistan's policy in 1980 and said that it is nothing but government decisions on day-to- day basis".* (Key Informant, 8)

A senior health ministry official remarked, *"I mean to say policy process or decision making is a bit complicated. There are lots of players or actors involved at various levels. In Pakistan it is always been a top-down approach and will always be".* (Key Informant, 13)

Another technocrat remarked, *"Well policy making all over the world is the same cycle. As far as the matters are concerned, they are pretty good policies in all sectors modelled after some foreign model or locally. What I feel and experienced is that we are very poor implementers".* (Key Informant, 9)

A senior technocrat KI (7) remarked, *"A policy is not a policy when 3-4 individuals are involved and they lock themselves in a room and make a policy".*

Further, another technocrat remarked, "*When Clinton or Obama make any policies all CEOs are sitting behind them. Here it is not so. World Bank wants*

us to do something and we are driven by them which may or may not be in our interest but it's our policy". (Key Informant, 5)

The above quotes clearly show the top-down, centralized and non-participatory nature of the policy process with hegemony and multiplicity of the key policy players in the overall policy process.

On the other hand, a senior politician KI (10) remarked, "*Why are we dependent on the bureaucrats for policy making. The politicians need capacity building and research fellows who can help them with policy formulations. We need to increase the budget on health and education, but 80% goes into defence and the civilian governments have no control to change this".*

One of the senior health ministry official remarked "*Ah my experience is that probably policy decisions lack necessary data and the policy makers have some prefixed ideas in their minds or sometimes there are reactive decisions rather than collecting good set of data and evaluating it they make short term policies. We just sit down for some short term policies*". (Key Informant, 1)

The above quotes give us some insights into the policy implementation such as the short term policies are preferred over the long-term ones and even if there are no obstacles on the surface, we were poor implementers. Another important message being conveyed here is lack of evidence based policies, which is clearly everything but definitely lacking in Pakistani policy sphere. The strained civil-military relations are also being reflected in the earlier quote.

There was a disagreement on the centralization of the whole policy process. The bureaucrats who were in the decision making positions were happy with the way things are. District level health officials were not pleased and felt disappointed, as they did not like some of the policies imposed on them. When they delayed or blocked they were transferred and the politicians appointed the officials who obeyed them blindly.

Ten out of forty-two key informants argued that the drivers of the policy development were not informed and we had whimsical policies. Mostly the policies lacked all steps of implementation. Some go directly and suddenly onto the agenda and some even being good policies never got onto the agenda. Even after getting there, some policies were never implemented. Politicians were blamed not to give proper directions and the bureaucrats for making the whole process so rushed that sometimes the politicians do not have time to read the files properly. The policy process was criticized for being rushed, ill planned and politically manipulated in the quote below.

A senior health ministry official said, "*If you want my personal experience regarding decision making it can be very very critical, so the current decision making is not satisfactory at all, not properly planned, no proper consultative process is adhered to. Things should be done in a proper planned manner. They are not done like that. There are lot of subjective influences especially from the senior leadership, which may or may be not fully aware of the issues. Input is not there. So that's' why we have problems".* (Key Informant, 3)

5.3.1 Implementation

Political hurdles

A senior health advisor commented, *"Of course there are barriers in the implementation but I think mainly it is driven by political motivations and resources as these are always limited".* (Key Informant, 23)

A senior health ministry official at the national level said, "*Ah implementation is primarily at provincial or district level .For one policy if its national policy it's different but in provinces it's more local priority. It could start for not taking stakeholders in confidence and then non-realistic targets. Not linking the policies with the financial resources and then the capacity of the health system, so a weak health system could also be a barrier*". (Key Informant, 13)

Financial constraints, political motives, fragmented health systems and lack of involvement of key stakeholders is being stressed in the above quotes.

A technocrat said, *"It is evident who started polio eradication? Is that a Pakistani agenda? There is WHO agenda*". (Key Informant, 18)

It is evident that in a complex policy environment, international donors and their agendas directly influenced the success or failure of policies. Surprisingly the donors were blamed by just one group of the participants, which were mainly the technocrats, and not by the politicians or bureaucrats.

Lack of resources, absenteeism and lack of rural health workforce were considered other impediments. A bureaucrat at the centre commented:

"*Lack of resources becomes a barrier. Just to quote an example. I would take the example of health. Provision of health to the rural population is our responsibility. We have scarcity of doctors working in our rural areas because of so many reasons and they are not willing to serve there. With the imposition on the ban on the recruitment, we cannot hire new doctors. Health facilities, which are not attended by doctors, become an impediment for the smooth implementation of the policies for example if we do not have the money in my office we would be stuck up. So lack of resources would become an issue*". (Key Informant, 17)

Levels of implementation

Technocrats at the senior level were quite keen to share the policy implementation process. They told that the implementation was mainly at three levels, micro, macro and meso level. Meso level was the middle level where all cogs and wheels were located. Then the policy was passed onto the implementers. The real issue was at the meso level where the finances are involved. The financial constraints have always been a big issue. This is the point where many policies got stuck, remained partially implemented and eventually fizzled out.

5.3.2 Devolution

The 18th amendment and Devolution of health [June 2011] (which is described in detail in chapter two) was one of the most common themes that

emerged in the interviews. Some of the politicians who belonged to the Pakistan People's Party (PPP) which designed the 18th amendment, saw it as a necessary shift to a more federal system, but most of the national level bureaucrats were concerned about the ability of provincial governments to assume regulatory authority in these areas which are often labelled as the *capacity issues* by the participants. Capacity was mentioned at the provincial level by almost all the participants,

Majority of the bureaucrats at the federal level were of the view that the provinces were still dependent on the centre for the support as they were so used to it. One of the provincial level bureaucrat mentioned that the financial control was still with the centre and it caused difficulties in efficient delivery of the services. One politician shared that there was a lot of resistance from the centralists on the pretext that the then government was trying to create four nations by giving more share to the larger provinces and this would aggravate the sense of deprivation in the smaller provinces.

Those who were against it saw the whole process of devolution suffering from a knee jerk reaction of the provincial governments who were unprepared, incapacitated and unaware of the implications. Regarding capacity issues of the provinces, the provincial level technocrats and bureaucrats had varied views. Some said the provinces like Punjab and Sind handled devolution better than others did. Many belonging to Khyber Pakhtunkhwa (KPK) suggested that their province was doing better.

A national level politician criticized devolution and saw as if it never happened and was badly needed if Pakistan was to survive. One provincial level politician viewed it as a political decision under political pressures.

One of the politician remarked, *"It was an ill planned and hasty decision".* (Key Informant, 11)

One of the senior personnel in the health ministry said "*After the passage of 18th amendment health [June 2011] was devolved to the provinces and the work has become difficult and challenging. So you can say that we are*

currently in the transition phase, trying to recover from the devolution of health which was not conducted in an orderly and planned manner and we have to face a number of unnecessary challenges." (Key Informant, 3)

A national level politician who brought in the 18th amendment remarked, *"It was not a political move rather it was the need of the hour".* (Key Informant, 2)

A technocrat remarked, "*The people who are fond of centralization often throw this argument that provinces are not ready, but I say, "Unless you jump you cannot swim".* (Key Informant, 33)

Some of the technocrats at a senior level were of the view that the devolved system of governance was necessary. It was delayed by 67 years and over the past 60-70 years; there was an accumulated frustration in the provinces. A minority of the participants were quite keen on sharing the background of the 18th amendment and told in detail about the federal and concurrent legislative lists (described in detail in chapter two).

One of the bureaucrats (KI, 30) explained in detail that Pakistan is a federal state and provinces are expected to be more autonomous. Regulatory mechanisms need to be uniform across the provinces, but the power rests with the federal government. Anything which is not in the federal legislative list is a provincial prerogative. Actually, in 1956 there were 3 legislative lists, two federal and one concurrent list (explained in the background). The 1973 constitution said that one would be federal and the other concurrent. The 18th amendment has done with that concurrent list. They abolished 21 ministries. There should not be any education or health minister at the center.

A head of an International organization (KI, 7) praised the decision. She was of the view that before devolution the district managers were bypassed and they were just a post office. She tried to convey that after devolution the managers should take the ownership and plan according to the needs of the population and now the onus should be on them to plan and prepare. But it was a minority view.

Findings revealed that devolution instead of making things clearer created more confusion among the policy makers and implementers. A devolved subject like health had a ministry at the federal level. The donors seemed to be confused as well as was evident from the informants who were heading some donor organizations.

It was evident that there was no political will on the part of governments to improve governance. Every successive government had her own priorities. Most of the participants saw no accountability or transparency in the whole system of governance in Pakistan and perceived it to be one of the major challenges as well and mother of all evils.

Corruption was mentioned by all the participants and was seen to be the greatest governance challenge in our setting. Decision makers thought it unnecessary to involve the public. The elected representatives who were the parliamentarians were not sensitized to their real problems. Politicians favored their own people in all ministries and *Sifarish* was norm of the day (Sifarish is a commonly used in the Pakistani society, mainly by the influential to favor someone not on merit).

One of the participants remarked "*In Pakistan there is no culture of justification. They don't think they are responsible to the public".* (Key Informant, 3)

5.4 Policy Development Context

There were several dimensions of context that were widely seen to be influential on policy implementation like political and historical. The interviews generally indicated that the policy process in Pakistan was affected by the wider context both national and international. Five participants among the politicians referred to the military regime of field Marshall Ayyub Khan as the *Golden period* (1958-71) of Pakistan's economy. Mostly senior politicians with an institutional history (organizational memories) praised the 70s era. One of them said that at that time, Pakistan was the hope of the Muslim world and the people were coming here for studying and being inducted in

the army. The technocrats in contrast, viewed the nationalization reforms of the 70s as the beginning of nepotism in the country. The '*Favourites*' were brought in by the then government and this thing was still being continued. Some of the politicians were of the view that Bhutto era (1971-77) was one of the best periods in the country's history. It was usual for the contextual factors to be noted by the slightly older key informants be it a bureaucrat or a politician.

Some senior politicians were of the view that the governance system in Pakistan had not given up its traditions from the colonial past. One of them remarked, *"It is a very centralized type of system in which even the elected leaders' style has a shadow of governor general or viceroy's style."* (Key Informant, 21)

This quote reveals the political mind set of concentrating power at the centre. The role of the policy context was clearly recognized by majority of the key informants. According to an expert working in a health related international organization, the health strategies and programs that successfully worked in other countries may not work in Pakistan primarily due to an unfavourable political context. A top-level bureaucrat (now retired) remarked:

*"Since 1954, it has happened for four times (58, 69, 77 and 99) a gun comes in with two jeeps and one truck. The entire structure depends on one gun. A culture developed by the state is that the gun prevails. In a country where 63 judges can be detained with their minor children for 6 months. So where was governance then?". (*Key Informant, 3)

The respondent clearly pointed towards the weak and unstable political system in the country. The military is being blamed for the coups and bad governance in the country. There has always been a rift between the military and civilian governments in Pakistan. The respondent (with his institutional memory) visibly remembers the exact dates in history. It clearly shows the civil military relationship, role of the army throughout the political history and the power culture developed by them (judges and their families were

detained during President Musharraf's military regime which created unrest and street protests).

The key informants commonly acknowledged that Pakistan is lagging far behind its neighbours in the region especially in health and education. A minority among the politicians thought that we should look into factors which are helping India to go towards *brain gain* instead of brain drain like Pakistan and good lessons should be learnt from the neighbours.

They were of the view that politicians are more interested in politically visible projects. Technocrats said that although 60-80% health budget is kept for the hospitals but it never reaches them. Most of the technocrats acknowledged that the funds are there, but these are not going in the right direction. There is an embezzlement of funds at every level. On the point of resources and funding the technocrats and bureaucrats were seen to have formed an alliance and sometimes the network was between politicians and bureaucrats.

A head of an international donor organization at the provincial level, remarked, *"Health authorities are making efforts, but direction, commitment and discipline is missing. Key players like DFID and World Bank are worried that most of the funds will lapse."* (Key Informant, 21)

This quote clearly reflects the donors' apprehension on the lack of political commitment and wastage of resources due to lack of attention. Some of the policy makers at the national level thought there has been no emphasis on policies till 80s and that after Bohr commission in 1946 till 1973. And there were national health policies in 1990, 1997 and 2001 but all these documents had shortfalls for their implementation and lacked some evidence based data.

5.4.1 Health Systems

Findings revealed the weak and fragmented health systems in Pakistan. There is a lot of burden on the tertiary hospitals and more focus on the curative and less on preventive side. Even the emergency care is not of good

quality in the public sector. There is a visible difference in the quality of services between the private and public sectors as this thing emerged as another insight during analysis. There is a complete absence of licensing or regulation of the private sector, although one of them mentioned about setting up of a Licensing body for the laboratories in the capital city of Islamabad.

Some senior clinicians turned technocrats told that our tertiary hospitals are acting as primary, secondary as well as tertiary care hospitals. And there is no referral pattern and people come to the capital because there is no facility in the rural areas. There is a need to build up the capacity of the paramedical staff as over the years the medicine has become so complex and complicated that it is not the job of a doctor anymore. He needs a proper support from his staff, especially the nurses.

A senior health ministry official said *"But one thing tertiary hospitals like PIMS and Polyclinic are doing well. The problem is the overflow of the patients. People from all levels are coming here, even from the BHUs. There is always an overload and the increased number of patients compromising the services." (Key Informant, 40)*

The above quote clearly supports the absence of basic health services in rural areas and overburdened tertiary hospitals in the capital.

The majority of the key informants were worried over an overlap of services and the multiplicity of actors in Islamabad and paucity in other cities of the country. Capital development Authority (CDA) has dispensaries and Islamabad Capital Territory (ICT) administration is also having dispensaries. So there is no one uniform system. Like ICT district health officer checks for quality and similarly CDA is checking as well. No one is responsible and it's more of a puzzle.

A senior health professional remarked "*Patients are not forced, but they want good service delivery so they go to the private sector as there is more efficiency here. There is an attitude problem in the government sector as*

there is no responsibility and accountability in the public sector."(Key Informant, 28)

A senior clinician remarked *"I mean Pakistan is unfortunately one of those countries who do not have health care standards or hospital standards. Even if you want to make a gas station you have to get permission from 20 different organizations, but if you want to build a hospital you hardly need any approval or permit*". (Key Informant, 12)

Lack of accountability and ownership in the health sector is evident from the above quotes.

Similarly the provincial health officials viewed that the provincial health structure, especially in Punjab consists of BHU, RHC, DHQ and THQ. But the problem is that everyone rushes to THQ so the consultants are overburdened and have to do multi-tasking. The health officials also mentioned that in developed countries like USA and UK, the medical system is more organized and GP issues the medicines, but in our country the pharmaceuticals are involved in medicine business. The multinationals market the medicines and have their own interests and commissions.

Outsourcing of the services was once again severely criticized by the health officials. Some technocrats were concerned about the delivery system in rural areas and health indicators there. Infant mortality is still high and our health delivery system at the lowest level is almost non-existing. Actually, there is no delivery system in areas where 60% of the country's population lives. They said that even the rural areas of the capital city Islamabad are the same. The researcher went to interview a district health officer in the rural area of capital city Islamabad and saw the cattle grazing on the lawn there (surely depicts the lack of interest on the government to develop the infrastructure in the health sector).

Commenting on the overburdened tertiary hospitals a national level politician remarked *"First problem is in our capital city Islamabad there is no hospital in rural areas. Only two hospitals are PIMS and Polyclinic and the population*

has grown to more than 2 million. All emergency patients come to these two hospitals. Even patients from Fateh Jang and some die on the way. Now you have to have Sifarish or a reference for the beds in PIMS."(Key Informant, 2)

The above quote endorses the poor health care delivery within the capital city, Islamabad, and a general culture of personal or political connections even for a basic health service in a hospital.

Interviews generally revealed that health policy initiatives are being taken in different provinces, but at a different pace. Most participants were of the view that Punjab and Khyber Pakhtunkhwa (KPK) are doing well. Baluchistan lacks capacity and Sind lacks political will. Baluchistan is the most deprived of all the provinces. Punjab and KPK are leading as the former has the capacity and the latter the political will.

5.4.2 Health workforce

A few of the technocrats thought that there is no proper career ladder in the public health sector and this leads to dual job holding by most of the health personnel in the public sector. There were issues like over employment (more than generally required) and underutilization in most of the public health facilities. The public health workforce is considered to be less efficient and less accountable as compared to the private sector. Bureaucrats saw less accountability and more job security for the doctors in the public sector. Technocrats were of the view that the health personnel are more satisfied with their jobs and pay scale in the private sector and career structure as well. There is more accountability in the private sector to the top management so there is more efficiency. Even some saw the private sector emerging as the powerful actor in the coming years, although they are still not involved in the policy formulation stage.

There is no human resource policy. This was endorsed by a number of participants as seen from the quotes below:

"*We do not have a policy for HRH or a master plan. We are trying to look into these issues. We do not have an HR information system. It's politically driven. I mean postings and transfers*". (Key Informant, 20)

A bureaucrat at the provincial level remarked *"The pay scale and promotion policy are very intelligently designed. I would have opposed some policies. The human resource policies are driven by collective bargaining. Triangle of doctors, nurses and paramedics have their own interest". (Key Informant, 30)*

Political patronage and networks are evident from the above quotes.

Another senior health ministry official remarked *"In public sector performers have no threat. Accountability is more in the private sector and there is more efficiency. They do not improve qualifications and skill set. But in private sector case is different; there is more accountability and more efficiency. The public sector has less accountability and less efficiency so have a laid back attitude. They have a job security so they get away with it."(Key Informant, 1)*

The health officials blamed the public sector for the lack of accountability, which ultimately leads to poor health services on the public side as compared to the private sector.

A politician in charge of the health issues in the capital city of Islamabad commented *"There are 32 dispensaries in the rural areas of Islamabad but not even a single functioning. No staff no medicines". (Key Informant, 2)*

Comparing the health workforce in Punjab and KPK a head of reform unit in KPK commented "*Absolutely Punjab is in the lead. Simply because of human resource capacity". (*Key Informant, 6)

Human resource capacity and the lack of will to build it up was mentioned a couple of times mainly by the provincial health officials. The brain drain has emerged as a serious issue for the health workforce in the country as the bright and competent doctors and paramedics are leaving the country due to a lot of reasons in search of greener pastures. It was attributed mainly to lack of merit based employment and promotions, sense of deprivation and non-

conducive working environment. Some technocrats suggested that we should learn from our neighboring countries as how to prevent this. Some of them quoted India as an example of Brain Gain instead of Brain Drain.

A national level bureaucrat "The *brain drain has hurt Pakistan tremendously and the intellectual capital is not available, because the economy is not doing well and second merit based system is not there. Organizations are unprofessionally run. Professionals find difficult to work here*."(Key Informant, 11)

Findings revealed that in places human resource is not being properly utilized and others, they are supposed to do multitasking and this links back to the absence of a proper human resource policy. All technocrats were of the view that the roles and responsibilities are not clearly defined at any level.

5.5 Policy content

5.5.1 Health polices

A senior official at the health ministry remarked "*The workers are covered in the overall policy. 2009 sometimes referred as 2011 one was never officially declared; it was finalized as the zero draft and never officially launched as the final policy. It promotes or advocates the provision at the doorsteps so that the door can be in in rural and urban area and policy covers the entire population like rural health centre, basic health centre and secondary and tertiary care centres and hospitals. So I think that policy was not bad ah, but never got a chance to get implemented so need to be taken up again". (Key Informant, 3)*

A senior technocrat at the national level *"You see start with the policies they are not realistic pick up any policy… they have everything under the sun that the government would like to do. I think policy should not be seen as a document, the policy should just be a guideline and let each province come up with their own ".* (Key Informant, 7)

A few technocrats mentioned that the population policy of 2002 was implemented in letter and spirit. They attributed its success to the political

will, commitment, ownership and community participation. The interest groups were on the same page and there were some shared incentives as well.

But it was generally agreed that rural vs urban, rich vs poor and social demographic factors are still hampering the overall health indicators. There was a consensus among all the key informants about the success of lady health workers program (LHW) but the other successful policies were either mentioned by those who were the ex or current heads of these programs.

Most of the bureaucrats who are generally thought to be policy makers and by some as implementers were of the view that most of the policies are donor driven. The departments and ministries do take part, but they do not know the real decisions, allocation of resources come from anywhere else. The provincial health officials were of the view that there are a lot of strategies, but no policies exist as such and they suggested that the health policies should just be the guiding documents. Some key informants were of the view that the policies should be good enough to ensure their continuity and should not be affected by the change in governments. There should be sustainability and ownership.

A health ministry official at the national level commented *"I think you should ask why policies fail in Pakistan? It's because these policies always give coverage to the politicians and nothing more than a show off".* (Key Informant, 40)

Head of an international organization at the provincial level commented *"I think we are following 2009 health policy, but I must say that the way it is drafted is not a policy statement... That's my trouble with policies. But where did it go? What was the follow up? Did provinces connect themselves with it or used as an overarching framework nobody knows".* (Key informant, 6)

A health official at the center commented on health policies *"Health policy was last made 15 years ago. Efforts were made, but after devolution at the federal level nothing concrete has been done. Health issues are scattered*

among 6-7 departments with no coordination. Efforts are still in the draft stage". (Key Informant, 22)

Bureaucrats admitted that linkages between day to day policy makings are clearly lacking and this affects the implementation negatively. Self-praise was another interesting finding. If a technocrat was heading blood policy he labelled it as the best while a bureaucrat who headed the tobacco policy couple of years back said that it was the best. Some technocrats criticized the health policy wing of the newly created Ministry of national health services regulation and coordination ministry and labelled it as a redundant unit. The national health ministry was blamed to make postings and transfers and the provinces were not being provided with a common national policy framework.

5.5.2 Interprovincial variation

A health ministry official from KPK said *"We are the vanguard of reforms. In the early 1990s, we started this health sector reform unit and other provinces followed us. We have many feathers in our cap. This unit itself is doing very well. We are trying to bring minimum quality standards at the primary level and share it with the rest of the country*". (Key Informant, 20)

The KPK province did well in spite of not being ruled by the political party at the center. One main reform in the health sector, which emerged during analysis, was the outsourcing (through bidding) of the districts especially in KPK and Punjab to the donors. These donors offer a higher pay scale to the doctors and the paramedics as compared to the government. But only those in the health workforce are attracted who are not well settled in their jobs. Some of the informants thought that it is not doing any good as the highly paid workforce does not go back to their previous jobs, but instead try to go abroad in search of greener pastures. So they linked it to *brain drain* in our country.

Another important health initiative was to give more hospital autonomy to the district hospitals which means they would be independent in taking decisions

for their daily affairs. This was mentioned mainly by the technocrats, politicians and the health officials belonging to the KPK province. The district hospitals were being given more powers and made financially independent. In Punjab Rescue 1122 (a project of the previous government to provide emergency services) was performing well. In KPK *Sehat Ka Insaf* (a voluntary project to provide medical services in KPK) was mentioned as another health reform and some politicians labelled it as a great example of good governance getting implemented and millions of immunization took place and volunteers were mobilized. Further insight into this revealed that it was an awareness program at the grassroots level, mainly designed for Immunization coverage and vaccination. Almost all the participants agreed that Punjab is leading in health reforms as it has the best human resource capacity. But one senior technocrat working for health ministry at the provincial level was of the view that although everyone thinks Punjab to be leading but a latest survey shows that health indicators have not improved at all.

5.6 Determinants of Policy Implementation Gaps

5.6.1 Barriers to implementation

Major hurdle is getting the policy implemented, not just the amount of money, but how is that money going to be released and accounted for. It was a general perception that in our system people are very scared to use the money. They have to pay a huge price in their reputation and career. This is unfortunate inherited from our colonial past. They were not well versed with the system. Because they did all this now the implementers are scared many times in case they use the money and are held responsible. This perception was shared by majority of the technocrats at the national level.

A technocrat involved in the policy and planning at the planning commission said "*Yes, we analysed rather I analysed 2001 policy and assessed its implementation of federal, provincial and district levels. I analysed the problems of dissemination at different levels and at each and every tier. Actually, you need a financing strategy, and then there were governance*

issues and service delivery issues, so there should be a mechanism that should be in place for implementing the policies". (Key Informant, 8)

At the provincial level, the implementation was also considered to be quite weak. A technocrat at the provincial level commented, *"I think that's one other dilemma. Sometimes and often we have written policies and regulations for many things, but implementation part is very weak and then there is capacity and the other is actual intention and motivation"*. (Key Informant, 14)

The intentions and motivations play an important part and here as well it can be seen that lack of motivation at every level is being pointed out by the policy makers. The implementation model in Pakistan is generally perceived to be a top-down model which sees local actors as impediments to successful implementation—agents whose shirking behaviour needs to be controlled. But the analysis so far has shown that in reality it is hybrid of top-down and bottom-up where that discretion, though hidden at times for street-level bureaucrats is there and that it is simply unrealistic to expect policy designers to be able to control the actions of these agents. The policy makers at the national and provincial levels seem to be more interested in politically visible projects by diverting huge funds towards them They were blamed as to be least interested whether the policies are well implemented or not which points to their lack of political commitment.

A national level bureaucrat KI (15) said "*You see what should come out of policies is strategies… not much of attention is given to policy making or if the policy is approved for implementation the linkage between day to day policies missing in all our decisions".* (Key Informant, 15)

The absence of links between different phases of policy development was being criticized by the top level bureaucrat. And clearly there was a lack of attention as well. Another bureaucrat at the provincial level was of the view that implementation goes smoothly at the district level while the majority negated this. He KI (38) said, *"At the local level, there are no issues*

regarding implementation. We have to consult different people. Sometimes there are certain ambiguities and clarifications are sorted however, generally not much issues".

A head of a private organization and involved in technical advisory group commented *"You have to present your case and opinion in a best way that it gets implemented". (*Key Informant, 36)

A national level politician KI (2) remarked, "Policy making with regard to Islamabad and its implementation has to be done by the bureaucracy and its always personal interests and lack of will to implement certain policies".

Personal and political interests and relationships have clearly shown to play an integral part in the overall policy process which ultimately affects the implementation of policies. The bureaucracy has its links in almost all the departments. These personal relationships and political linkages add to the complexity of the policy implementation process and leads to political patronage as mentioned earlier as well.

Head of a private medical college and university saw lack of implementation of policies as *"Well, you know a policy should contain most of the ingredients including a workable plan but unfortunately implementing infrastructure lack the right people and level of motivation. We give too much to implement".* (Key Informant, 9)

This quote clearly reveals that the right people are not appointed and the implementers are asked to do a lot without giving them prior knowledge. Lack of motivation was not just there among the makers of the policies but the implementers as well.

When the key informants were asked to share their experience of best and worst implemented policies. The best implemented policies according to them were Lady Health worker (LHW) program, Expanded Program for Immunization (EPI), Ionization of salt, Population policy of 2002 and National blood transfusion policy.

On further probing participants revealed that these policies, especially the LHW program had the continuity and sustainability. The community was involved and their needs were paid special attention. It was revealed that the local people thought it as a step towards the rural health development. Health officials viewed it as a step in the right direction to improve service delivery at the doorsteps to the rural population. The participants saw LHW as being owned by every government and even after devolution; it is working fine in the provinces. Political will was there to make it successful. The path dependency phenomenon was quite clear, especially in LHW, where the policy makers did not want to divert due to increasing returns. As it had good international support, donor funding and local acceptability.

The EPI, population policy, national blood policy and ionization of salts were neither success stories, nor failures, but the key informants did not say much about them. The National EPI program had a number of corruption tags attached to it, but the technocrat who had been its head for a long time refused to comment on this. However, the head of national blood policy was of the view that it is the best so far and was being disseminated well. The nutrition policies and control of Acute Respiratory Infections (ARI) was mentioned by one of the senior technocrat who said that it was a success, but was suddenly rolled back and attributed it to the influence of donors in the policies.

The worst implemented policies suggested by the participants were Polio eradication, community midwives policy, the ban on the private practice of doctors in KPK and HIV/AIDS policy. Despite being in place for so long, these policies failed to deliver the desired objectives. All the participants were of the view that LHW program has been the best implemented policy so far and has been very successful and was continued by the subsequent governments. Path dependency was obvious in some of the policies and these were considered to be successful as the policy actors, their interests and incentives were favourably aligned.

A senior policy maker in the planning commission commented "*Implementation of policies has been a general issue. But we can say that some aspects of policies were successful. In the health sector lady health workers are seen as successfully implemented and a step towards the rural health development. We have human resource available in the form of lady health workers. Policy interventions we can say are successful ones*". (Key Informant, 8)

So the picture is not that gloomy. The success stories show that if the relationships are above the personal and political interests and all the actors at all the levels are taken on board it could lead to successful implementation in future as well.

One participant from KPK commented, *"LHW program has taken the health services down to the community. Benazir Bhutto initiated this and this is the only program which has empowered women and helped communities*". (Key Informant, 20)

The polio eradication campaign also came up as a recurrent theme. There have been travelling restrictions imposed on Pakistan recently due to regular polio cases coming up. But strange enough one participant from KPK labelled it as most successful policy. He further added that it has been successfully implemented in some districts in KPK and attributed it to the awareness among the local people. But the majority of the participants saw it in totality and labelled it as a failure and quoted travel restrictions on Pakistani passengers travelling internationally. Some of the participants labelled its failure as an International conspiracy against Pakistan. Although it was a minority view.

A senior health ministry official commented *"Polio eradication is like Kashmir for Pakistan and I cannot comment more".* (Key Informant, 22)

It is evident from the above remark that there is a hidden fear among the senior participants to comment why polio has not been completely eradicated in Pakistan. And he was of the view that there is an international conspiracy

behind it. But Polio issue never received the full attention of the our policy makers. Some of the participants labelled a failure of implementation in Polio case due to cultural and religious norms which place crippling restrictions.

A technocrat remarked, *"You mean a best implemented policy. Well, I have yet to see. For the last 15 years I have not seen any policy*". (Key Informant, 1)

Some participants did not approve of any policy as being successful and this came mainly from the technocrats. Non-implementation of policies is also linked to the frequent change of governments as every government tries to have its own policies and own people at the policy making sphere. Who is number 10 in one government may become number 1 in other and this thing severely affects the whole implementation. The starting point changes for every top policy making post.

A health ministry official remarked, "*When policies are made, their execution should be considered. Here it has always lacked technical steps. Our objectives are not clear. Our vision should be more realistic and based on ground realities". The same KI said "In the very recent past a policy was made just because the minister wanted it* ". (Key Informant, 40)

It is quite evident that the targets or goals are not realistic and need based policies are not made. Further, the personal interests dominate the national interests.

A head of an international organization commented, *"Politicians not just interfere at the implementation level but at every level and in every strategy and policy". He further added "Political agendas are everywhere to give you an example our policy would be to bring down MMR by 13%. When it comes to the implementation phase it gets messed up due to political agend*a". (Key Informant, 5)

It is evident from the above quote that the donors also complained about the political interference of the politicians at every level. So politics- policy nexus was quite evident across all the sectors and not just in the health sector.

On the failure of polio eradication, a senior technocrat said, *"Polio is a classic example of our policy failure. I mean we do not have any data. How many children are to be vaccinated? No demographic data. They just have vaccines not properly kept or stored. They are just pouring in."* (Key Informant, 1)

The key informants at the provincial and district level linked the polio failure to the security issues in the country in which some polio workers were killed in the tribal areas recently. They suggested that this issue should be the domain of the home ministry and not just the health ministry. A couple of health ministry officials also suggested that we could also incorporate some of the features of the Iranian model into our existing LHW model. In our context, we lack basic amenities in our remote and rural area, but in the case of Iran they provide full facilities to the health workers especially the LHWs. There are a couple or brother and sister are given motor bikes and 2-3 villages to cater. So there should be culture sensitive and context specific.

A minority opinion among the bureaucrats thought that there are no barriers in the implementation of policies as such rather it depends on the way the policies are formulated and presented in front of the higher authorities. There were some strong alliances or networks to drive the implementation at different tiers of the government. As a result, the process presented itself to us as marked by unease and apprehension, which in turn hindered rather than supported the process.

5.6.2 Governance Challenges

The health officials on the management side whether at national or provincial levels saw governance as the biggest challenge. They were of the view that the managers should not act as dictators and work for the success of their team and induct right people for the right job and with the right skills.

A technocrat KI (9) remarked "*Governance is new in our country and we very frequently keep on romancing with it. To me it is the art of solving public problems through the most efficient means like human and infrastructure"*.

Most of them were of the view that we kept on using the word governance without knowing what is good and what is bad governance. All of them viewed the failure of polio eradication as an example of bad governance and Lady health worker program as an example of good governance within the health sector. Though deeper analysis revealed there were factors like path dependency and established power relations involved as well.

They were of the view that *Governance* is the overall system of the policy process taking all stakeholders on board, considering their input and addressing all kinds of problems, developing strategies on short/long term basis and breaking them into strategic initiatives. And the government should be held accountable and responsible for its decisions. But rule of law and equality before the law was clearly seen missing by the same bureaucrats and all the technocrats who believed it to be a part of good governance.

A health ministry official "*Governance is a cross cutting subject, one cannot have good or bad governance. Like all the other sectors, governance is an issue in the health sector, Governance probably needs an accountability structure".* (Key Informant, 13)

Some of the participants viewed governance as the major issue in the recent past and linked it with devolution. According to them it was the biggest

governance reform in the country's history and not been successful.They thought that out of the five provinces, Punjab has relatively better governance infrastructure compared to the other provinces.

Another senior health official at the national level who had been involved in the health sector for more than 3 decades saw Governance as "*Effective governance is the one which leads to better health of the individuals by improving the health services. We should be able to achieve outcomes. Policy makers should be accountable and would be able to say this is what we planned and this is what we achieved. Everything should be transparent. Resources should not be wasted and people should get what they need. Governance matters for everything. We should have the right people at the right places. What happens in our country is the transfers. Politicians' unnecessary interference moves people around. The government does not care and keeps changing the health officials. Governance is broken at every level, not just at the top".* (Key Informant, 34)

The above quote clearly depicts the lack of accountability and transparency, political interference and wastage of resources as major contributing factors behind bad governance. This was further strengthened by the quote below:

A senior bureaucrat involved in policy formulation and implementation saw governance as "*I think governance is a challenge in itself. I don't like the word. Management of resources, including financial, human resource, equitable distribution and strict accountability. To me accountability is the key. If someone is not performing he should be shown the door. There should be zero tolerance. These are the governance challenges".* (Key Informant, 17)

One of the senior bureaucrats who has been involved in many governance reforms in the country said "*Governance is basically keeping track with the fundamentals. We experimented with various forms of governance. Even for building you need a plan. Any foundation depends on the site plan. Governance first principle is equality before the law and due law. Of late in*

our society since 1954 force proceeds law. The law should be equal for all. The first principle of governance should be equal before the law. Governance should secure people from internal or external threats. Each one of them has certain duty and power". (Key Informant, 4).

So accountability, transparency and rule of law was considered to be the essential characteristic of the Governance and which seems to be lacking in Pakistani context and it can be seen below by different quotes.

A provincial level bureaucrat described governance as "*To me governance is about the fairest system of decision making at the highest level and proper allocation of resources in a transparent and accountable manner".* (Key Informant, 21).

Another senior technocrat remarked "*Without accountability, what's governance. That's hegemony".* (Key Informant, 6)

The implementation challenges as mentioned by most of the participants were lack of political will, political interference at every level, lack of accountability, no transparency, rule of law, not followed, no respect for merit, corruption and rent-seeking, lack of participation, nepotism, favouritism and *Sifarish* (which is basically a reference for someone who does not deserve it and is commonly used in Pakistani context). It was also suggested by the participants that these challenges are there at every level, be it national, provincial or district.

5.6.3 Financial issues

Findings revealed that there is no proper financial strategy as per se. The government spending on health is 0.6% of GDP. Instead of spending more on the preventive care as well on the tertiary care hospitals, huge non-development funds are being given to NGOs. After devolution there is some confusion among the donors. Some are still dealing with the federal government, especially with the newly created Ministry of national health regulation and co-ordination. Others prefer going to the provinces directly.

Then some vertical programs are still being funded by the centre even after been handed over to the provinces.

Two main issues regarding the finances highlighted by most of the participants were mismanagement of the funds and not based on the needs of the population. Some were of the view that the public should be taken into account about the financial crunch while a couple of the bureaucrats were of the view that everything related to finances should be kept confidential.

Technocrats were of the view that the decision power is with the ministry of finance and after getting directives from the Prime Minister through cabinet division or directly, they initiate the process of financing for example, annual plan, annual budgets and Public Sector Development Program (PSDP). These three or four documents are developed by the government. Then a technical body like Planning Commission plays a pivotal role to provide feedback on different technical side of the projects. The above process was before the 18th amendment.

Then there is a national finance commission award, this is another forum, federal divisible pool whereby all taxes are taken into account from all the provinces and then after providing share to the federal tier rest of the financing is distributed among the provinces on a five year basis like previous national finance commission award was in 2009 and the next is due in 2014-15. So this is the distribution process at the federal level. This is one way and a lot of nitty gritty is involved and it takes 7-8 months to prepare an annual budget which is then presented to the National assembly and the Senate

A senior technocrat (at the provincial level) tried to explain the financing mechanism as: "*Sometimes if there is an incremental change under different heads. Next year under the same head they will adjust for inflation and increase in 2-3%. So this is not strategic need based but a technical point of view unless there is some need. The planning commission like projects of national importance, PM directives and then ongoing schemes for last few years for which federal government is providing to all the vertical programs.*

There is a fixed amount till 2014-15. If there is a national emergency like Polio then they can adjust that into it. Then there is Council of Common Interests. And that is for any conflicting issues like electricity, dams, taxes. So this is another policy making forum. There is a social sector committee and then there is a defence committee and Parliament and Senate".(Key Informant,6)

The financial mechanism as explained by some of the key informants appeared quite smooth but in reality the networks or ties seemed to be operating at every level for authority and resources.

5.7 Policy Recommendations

Every key informant gave his or her input according to their position and experience and it was considered appropriate to cluster them under policy recommendations theme.

5.7.1Policy

The technocrats (who were clinicians earlier) were of the view that instead of a top-down approach all the policies, including the health policies should follow a bottom-up approach with involvement of all the communities. They suggested that there was a need for a context based health policy addressing the needs of the local population. The government should own the policies as that would lead to the sustainability of policies in the long run. They recommended that there was a need for a holistic approach to the policies. Some of them stressed the need to fund and focus on preventive care rather than the curative care and include the social determinants of health in our health policies. The tertiary care needs to be funded more and there should be an effective referral pattern throughout the country to reduce the burden on the tertiary care hospitals. A few of the politicians suggested to re-design the whole health system as to make it more accountable and transparent especially the public sector. There was another important suggestion by the bureaucrats to reshape the role of different actors in the

health systems at the federal capital i.e. Islamabad to avoid duplication and overlapping of services. There should be involvement of the civil society in the policy decisions at every level. It was also stressed to have a proper co-ordination among provinces in health and other sectors.

A technocrat suggested, "*There is national health ministry, whatever in Islamabad. This is a coordinating body and if they have regular quarterly experience sharing meeting or national conferences. It could bring all the stakeholders on the same table*". (Key Informant, 18)

5.7.2 Role of actors

Politicians recommended that the bureaucrats should not create hurdles in the implementation of some useful policies and the technocrats should be involved more due to their knowledge and expertise. Bureaucrats were of the view that there should be less political interference, although they agreed that more technocrats should be brought in. Some senior politicians recommended to have some research fellows to help them in order to reduce their dependence on bureaucrats. The health officials recommended that the federal secretary for health should be a doctor instead of a bureaucrat. District health officials recommended that they should be involved in policy formulation stage as well.

5.7.3 Health workforce issues

All the participants suggested that there should be human resource in health policy in the country which should address the health workforce issues. There is a need for a good team in the public and private organizations and institutions and to provide it with a conducive environment. There is a need for a proper job description before recruitment of the health workforce so that they are well aware of their rights and duties. The technocrats also suggested that there is a dire need for a proper career structure for the health workforce in the public sector as this thing would prevent them from going to the private side and would convert the *Brain drain* into *Brain gain*. Some technocrats also suggested looking for the strategies in India as to how they

attracted the doctors by providing them good financial and other incentives which made them return to their own country.

Some of the technocrats stressed the need to place the right people with the right skills at the right place. They added that there should be more respect for the paramedics and one way to do that is to educate them more. There should be more focus on the training of cadres other than doctors in order to strengthen our health workforce. These technocrats further added that the doctors should be motivated and incentivized to work at the district level and also in the rural and remote areas. There should be in job training for the doctors and other cadres of health workforce as this will improve their existing skills. The national and provincial technocrats agreed that there should be a uniform health policy framework at the center even after devolution. The provinces could have their own provincial health strategies built in line with the guidance provided through this national framework and in this way there could be a standard guidance to look up to.

A health ministry official suggested "*The basic service structure should be such as to provide a proper job description should be made to for everyone. The right people should stay". (Key Informant, 36)*

5.7.4 Health financing

Regarding the financing strategies in health the technocrats suggested that there should be need-based allocation of resources and should be context specific. There is a need to increase the health budget and improve the Health: GDP ratio in the country.

A retired technocrat who has been involved in the formulation of financing strategies suggested "*Like I said the resources should be allocated to the needs and based on what is the actual requirement of the district and what is the quality of infrastructure... Are there adequate coverage for the population?" (Key Informant, 23)*

A bureaucrat suggested "For a lot of our maladies we have to generate enough revenues so that you have more money as things cannot be done for

cheap. Pay people enough to improve human resource issues". (Key Informant, 15)

5.7.5 Governance Issues

It was highly recommended by the bureaucrats and technocrats that political interference should be minimized as this leads to nepotism and favoritism at every level and is affecting the overall governance in the country. There should be respect for the law and merit. Every decision should be made more transparent and everyone should be accountable. The stakeholders and the public should be given an opportunity to participate in decision making. Some of the politicians also suggested that there should be bureaucratic reforms. The patronage culture should also be dealt with by introducing strict laws to ensure merit and accountability.

A senior technocrat suggested "*We should have respect for law, merit, accountability at every level and transparency*". (Key Informant, 8)

A health ministry official suggested "*We should do things on transparent. All the world campaigns have transparency behind their success. Only with transparency, we can assure that we are going right. The worst thing with our governance is transparency. We need to come up with some credible people".* (Key Informant, 1)

Another health ministry official suggested "*It will be very difficult, but right people should be placed at the right places. Secondly, it is very important to reduce bureaucracy and political influence. Accountability is needed because most unqualified people are sitting there and doing nothing". (*Key Informant, 26)

A retired bureaucrat suggested "*The government should be held accountable and responsible for its decisions*". (Key Informant, 37)

5.7.6 Devolution

The technocrats recommended that there should be more devolution at the local level and the communities should be empowered to take their decisions. The local authorities should be made more financially independent as they

know the grass root problems well. There should be capacity building at the provincial level to handle devolution.

A senior health ministry official suggested about devolution "*More and more devolution. Give responsibilities to the people". (*Key Informant, 28)

A national level politician suggested "*You need to devolve power. The local people should have the resources and responsibilities to solve their issues".* (Key Informant, 11)

5.8 Conclusion

This chapter depicted a clear and comprehensive picture of the complex policy environment and role of the key policy players in the fragmented Pakistani health systems. Policy process in general was perceived to be top-down, non-participatory, rushed, secretive and highly bureaucratic. It was the prerogative of a few policy elites who made the policies behind the closed doors. They were seen as having captured the policy making/implementation process. Health policy trajectory clearly revealed incoherent and disconnected national health policies. The June 2011 Devolution created more confusion as far as the role of policy actors was concerned.

The factors behind the implementation gaps as seen by the policy actors were: corruption, political interference, nepotism, institutional flaws, wrong priorities, capacity issues, lack of merit and accountability, lack of evidence-based health policies, financial constraints, overburdened tertiary care, absence of a proper career ladder for health professionals, limited decision space for district health officials, lack of capacity building, dual practice by the medics, maldistribution of health workforce, rent-seeking, lack of political attention, multiplicity of actors, donors' agenda, lack of conducive working environment, brain drain, lack of inter-provincial co-ordination, patrimonialism, lack of national ownership of health, hidden alliances and policy-politics nexus.

Some of the key informants were keen on discussing different political eras in the country's history which gave a tour d' horizon of the political history of Pakistan. The information provided clearly indicated that constant domination of the political power and the state apparatus by narrowly based elite seeking to advance its private and parochial interests lay at the heart of the problem. Regime changes either military or civilian did not make any substantive difference. Due to this, stasis in some of the state policies was seen. This was due to the some strong policy players pursuing their own interests for authority and resources.

The same pattern was mirrored in the health policy subsystem where the key policy actors had strong coalitions as some of the informants referred to. It was either due to their political influence and institutional roles. Institutional position of the key players (politicians and bureaucrats) also identified where these actors were located in the complex political environment. Power, interests, patronage and incentives were the main underlying drivers. The excessive use of patronage in case by case policy making/ implementation to favour narrow interest groups has derailed decision making, its rules and transparency.

As far as the role of policy elites was concerned, majority saw the bureaucrats as the agenda-setters and having the non-decision making power in their hands. This group of actors could easily be termed as the *Veto Players* in the overall policy sphere. The apparent blame game by policy players had a strong underlying power nexus. This provides a strong foundation for the later chapter where all these findings will be discussed in light of the relevant theoretical frameworks.

Chapter Six: Discussion

6.1 Introduction

This chapter draws together the main elements of this study as emerged from analysis of the data. The findings will be discussed and argued in light of the wider literature. The theoretical frameworks selected will be applied to the results. The main points of this chapter will inform the conclusion and recommendations.

6.2 Findings of this study

The findings suggest that it is the power game in the macro-political sphere, which is reflected in the policy sub-system as well. This power was seen to be working at two levels: actors and institutions, and one cannot be separated from the other. The key players using their individual or institutional power formed strong coalitions, which resulted in policy networks or iron triangles. The political history clearly revealed some policy reversals but mostly the process remained path dependent as the power relations did not change even with the change of the governments. This path dependency concept was also evident in the health policy sphere where some policies were there even for more than two decades. All these have an effect on the implementation of policies in the longer run.This is shown in a revised conceptual framework on the next page:

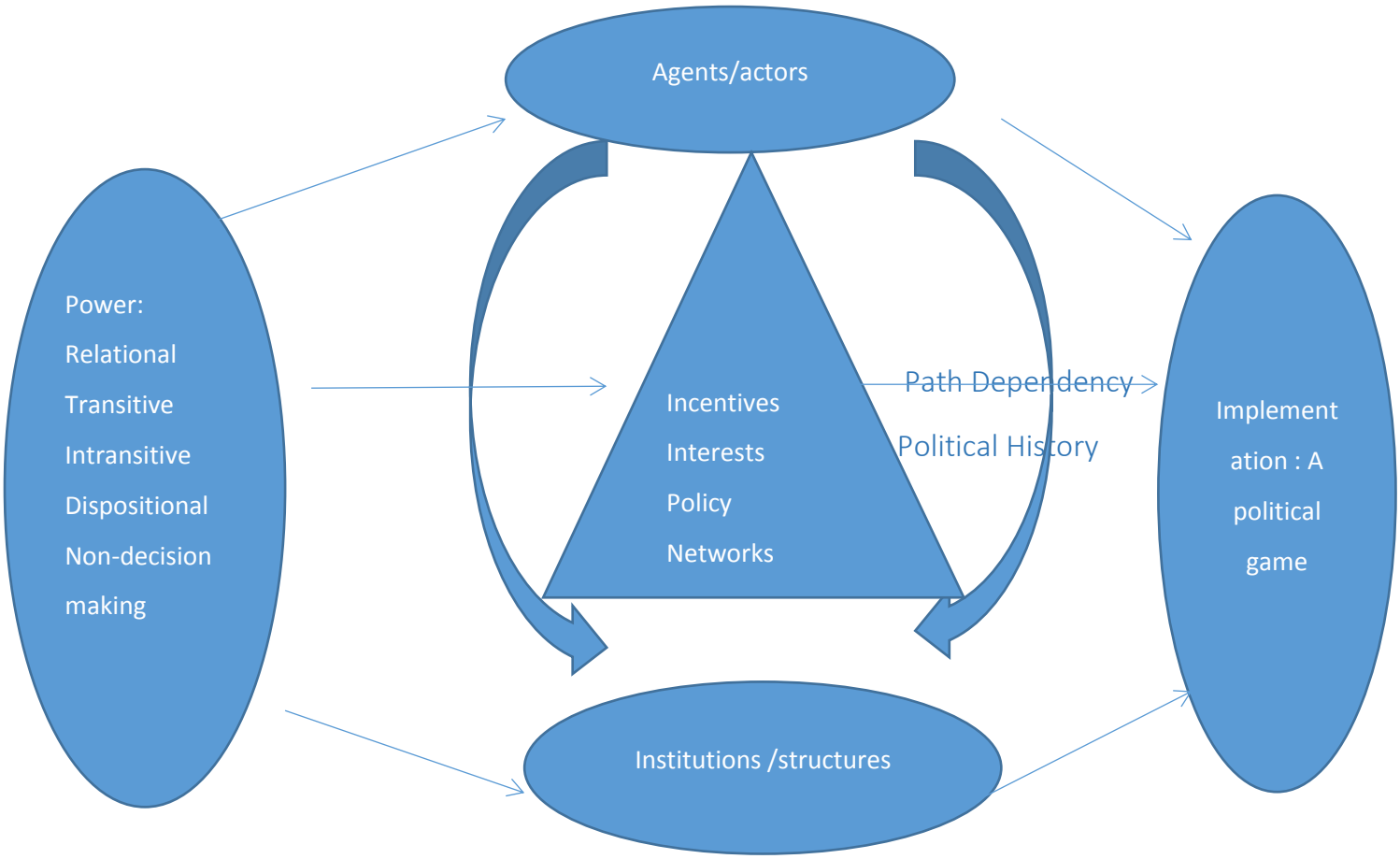

Figure 7: Final version of conceptual framework

The development of this last and final version of the conceptual framework was an iterative process, with different themes taking the centre stage at various stages of data analysis. As it was a data driven inductive study, the concept of *Power* emerged as the core theme at the end. Power is a broad concept, but in the context of this research was seen mainly as relational, transitive, intransitive and non-decision making (explained in chapter four).

As the arrows indicate, the power can be deconstructed into agential and structural, where the agents or policy actors were able to influence one another, work together, or at times use their authority at the expense of others. Policy implementation should combine both structural and individual

perspectives because stakeholders in the policy domain are embedded in historically constructed institutions or structures.

Due to underlying incentives and self-interests, power relations always take the form of *policy networks* or *iron triangles*. The underlying power relations were present throughout the different phases of the political history in one form or the other and this led to the path dependency or policy inertia. All the arrows finally culminate into the implementation box, displaying it as more of a political game where the actors, power, incentives, institutions and policy networks have their own role to play.

6.3 Key findings

6.3.1 Complex power relationships

Implementation came up as a political game rather than simple policy–to-action continuum in this study. Gaps in implementation of policy were compounded by power relationships between groups of actors. Clearly, patronage as a part of power relationship existed at all levels. At the national level, between the politicians and bureaucrats, between the provinces and the centre, within provinces and between the provinces and the districts. Sometimes this patronage was obvious, sometimes hidden, and not verbalised. The findings also suggested some strong coalitions at every level due to personal, political connections, authority and monetary interests.

Even at the district level, the local health officials seemed to pursue some of the policies of the politicians they tend to know personally and they were kept at the same position until their patrons were in power. As is evident in (chapter five) recruitments in all sectors and especially health were made under the umbrella of patronage. Patronage also gave rise to corruption and vested indiscriminate power in the hands of unaccountable appointees who disappear once the political government is gone.

The key informants who happened to be the key players in the policy sphere had conflicting perspectives on the surface. As all the groups had different beliefs and experiences, so they did not have a shared perspective on most of the key issues. There were competing interests and personal linkages at every level. Conflicting actors had a contrasting vision on the problems and the solutions. Military and politician friction was evident from the findings. Bureaucrats differed with the politicians. Technocrats differed with both the politicians and the bureaucrat. District health officials had divergent views than their superiors. Alliances were seen when there was a shared interest over money and authority. And these alliances turned into personal and political linkages with the passage of time and took the form of established power relations in the longer run.

Findings from low and middle-income countries showed that political judgment predominated policy implementation and was influenced by political interests, personal linkages and the values and opinion of policymakers (Jardali et al. 2014). Implementation is seen as a mostly complex, interactive process in which a wide range of actors influence both the direction of travel as well as the way that given policies are executed, within the constraints of existing institutions.

In a study conducted in South Africa in 2008 by Lehmann and Matwa, it was shown that the role of power in policy implementation processes is an under-researched, yet crucial, aspect of understanding policy implementation. In the webs of relationships and tensions key players attempted to exercise power in several ways.

Keeping in view our findings, Pakistani society could be rightly termed as a patrimonial society, which has existed in many places outside Africa, what we would call the state was indeed the personal domain of one or a few leaders. But in many such places significant legitimacy was derived from an aspect of patrimonialism that is now frequently overlooked. These were reciprocities

that helped cement patrimonial authority. Such reciprocities like personal, densely interwoven, often uneven, and based on vague and symbolic dynamics of status, loyalty, and respect as much as on material exchange became the means by which rulers sought obedience from the ruled. The term patrimonialism or neopatrimonialism has persisted, even proliferated, in recent decades (Pitcher et al. 2009).

Eric Budd (2004) and Jay Oelbaum (2002) support the claims made by Theobald regarding the relationship between neopatrimonialism and poor policy outcomes. Like Theobald, Budd indicates that patrimonialism is a structural feature of many states that all states are patrimonial but "some states are clearly more patrimonial than others" (2004), and he attempts to document levels of patrimonialism exhibited by thirty developing countries. Budd emphasizes the inhibiting effect of patrimonialism not only on the economy but also on democratization, his rankings indicate that the more patrimonial the state is, the lower its gross national product and its "freedom" score in the Freedom House rankings are likely to be. Although Budd does not present an African case study to illustrate his claims, many African countries appear in his rankings, with Botswana considered a "moderately patrimonial" state and Gabon, Kenya, Nigeria, Zaire, and Zimbabwe considered "highly patrimonial."

Pakistan clearly has a history of patrimonial authority along with democracy. Politicians favour the bureaucrats who obey them and bureaucrats patron their junior colleagues. This patronage in turn adversely affects the policy implementation in the longer run as this patrimonial culture just promotes the policies to win the electorate for the politicians.

The Neo-Patrimonial power politics that saturated the political landscape had surrounded the political elites. This is a manifestation of the nature of politics in the society, which Kew (2006) sees as a negative phenomenon that should be altered. The neo-patrimonial contract between the Big Man (usually a patron either in or outside the government) and his supporters is based on a shared perspective of how both see the relationship. The social position of

the Big Man is seen as the source that creates the relationship, such that the patronage flowing downward is a favour that demands loyalty in exchange. In Pakistani context the loyalty to the ruling government was seen among few bureaucrats and the technocrats who were enjoying the power and did not criticize any of the policies of the current government.

6.3.2 Role of actors

The bureaucrats in the Pakistani context were generally perceived by all as strong and powerful agenda-setters and the real decision makers in all sectors be it health, education, finance and others. But this was more of a non-decision making power attributed to the bureaucrats pointing to the bureaucratic hurdles created by them at all levels. The politicians and bureaucrats both held military responsible for disruption of the civilian rule. This civil-military conflict had always been a part of the political history of Pakistan since its inception. It was a power struggle between the two which is continuing until now.

The historical facts (mentioned in chapter two) clearly reflect this strained relationship between the civilian and the military governments. Political process or the structure of the country has been severely affected by this tension. In the health policy sphere, International donors were more critical of the bureaucrats than of politicians. Medical doctors were seen as helpless in the whole policy sphere and their power was just confined to the four walls of the hospitals. Whereas the politicians blamed the doctors of their hegemony and had to use the political influence even for a bed in the emergency ward. Again a clear nexus of army versus politician and bureaucrat was visible and this was mentioned in a quote by a senior bureaucrat.

Apparently, there was a *blame game* going on between the key policy actors, especially between the bureaucrats and the politicians where politicians blamed the bureaucrats for putting bureaucratic hurdles in the policies which they did not like. And sometimes bringing in the files at the last moment where the politicians have no time and no choice to think twice. This thing

was also attributed to the rushed policy process. On the other hand, politicians were blamed more by the bureaucrats and less by the technocrats for political interference and patronage at all levels starting from the agenda setting onwards till policy implementation. They were blamed for not providing their inputs and for the lack of ownership of the policies.

The bureaucrats were viewed as the *locus of power* in the policy sphere in Pakistan and used this authority and power wherever and whenever they liked. There were some non-state actors which could be regarded as the policy players outside the government. They had strong connections with either the bureaucrats or politicians or both and influencing the policy decisions at the top level from behind. This complexity of conflict and consensus, multiplicity of linkages and the interest-power structure in the policy sphere has a strong influence on policy-action relationship.

Another phenomenon observed in course of data collection was that the politicians spoke more openly but the bureaucrats were a bit cautious in discussing especially the ones at the higher and senior positions. While the junior level bureaucrats and the technocrats openly criticized the government.

The proposition that the Pakistani bureaucracy is a Weberian institution has become a subject of considerable interest. One-yard stick against which to evaluate the Pakistani bureaucracy has been to ascertain whether Weberian characteristics of meritocratic recruitment and long-term career ladders are in evidence. Another consideration has been with regard to adherence to the system of rules in the Pakistani bureaucracy. What is not clear is whether political neutrality, a Weberian characteristic, should continue to be used as a characteristic to classify a bureaucracy as Weberian. In fact, such a proposition becomes meaningless within the context of the incentives that are faced by these individuals. In fact a bureaucrat who chooses to follow principle of *Political Neutrality* is far more likely to be removed on the basis of political grounds (Tanwir and Fennel, 2010).

Findings did not show any political neutrality rather political leaning of the bureaucrats who were in majority. However, minority spoke against the politicians and their policies. The recruitment whether in bureaucracy or health sector was not merit based. None of the characteristics of weberian bureaucracy was found in Pakistani bureaucracy in the context of this study. The Pakistani bureaucracy is rooted in a quagmire of political intrigues and is miles away from the ideal apolitical officer that Weber (1968) envisaged.

In many of the studies, the absence of 'political commitment' is frequently mentioned when referring to failure of policy implementation. In studies on Bangladesh, Malawian, Ghanaian and Pakistan studies this is shown very clearly (Leftwich, 2007). Lack of political commitment was one of the themes which emerged strongly and consistently in the data analysis as a part of role of actors in policy implementation. In the context of this study it is best understood as lack of motivation or wrong priorities. Majority of the policy makers criticized each other and especially the politicians for not prioritising policies beneficial for the people. They were interested in the projects and policies that were politically visible and earn them more political mileage in the next elections. The policy makers in a way also blamed the general public that their priority is not health but education for their kids and jobs for themselves. Lack of political will also led to lack of ownership of health as the top priority.

Conflicts and alliances are a part of role of actors. Extensive empirical research on policymaking has emphasised the central role of actors in the face of complex problems (Kurtz and Snowden, 2003), as a way to begin to bring together divergent dialogues and perspectives. Moreover, contrasting perspectives may well be part of the problem that must be addressed. For complex issues, action is often required by a number of actors, who may see their interests as being at loggerheads with those of others, or who may not buy the importance of an issue, conflicting actors may base their position on equally conflicting visions of the problem and its solution.

6.3.3 Interests, incentives and policy networks

Coalitions normally resulted in networks which affected the policy decisions and implementation as seen in the context of this study. These networks were due to self-interests, incentives, resources and distribution of authority and power. Sometimes within a policy subsystem, between bureaucrats and at other times a network consisted of bureaucrats and politicians, occasionally with technocrats as well, having the same personal and political inclinations. These were 'closed' networks, where key actors prevented new actors from entering policy debates and discourses. All actors strived to create *'policy monopolies'* dominated by the predictability in terms of who can participate in policymaking and its implementation. Closed policy networks typically also involved veto players (who happen to be the bureaucrats in this study) that can prevent changes from occurring. The policy networks were more than just networks and could be labelled as *iron triangles,* of stable relationships between various interest groups which sometimes persisted even with the change of political governments.

Probably, the most important type of relation in a network setting involved exchange and acquisition of resources Resource exchange and acquisition could be information and money and equates with access to authority.

6.3.4 Corruption and rent seeking

Corruption as a major implementation barrier was mentioned by almost all the participants. It was seen as one of the most important challenges in implementation of policies and governance. This has been confirmed by some other studies as well. Corruption is another economic and socio-cultural factor that affects health policy implementation in Pakistan. Several international organizations, including the World Bank, the IMF, and Transparency International, have demonstrated their concern about corruption in Pakistan and its negative impact upon the development of the country (Khan, 2005).

Corruption was closely allied with rent seeking in health and other sectors. Rent seeking phenomenon was mentioned by the provincial bureaucrats blaming the national politicians. Surprisingly, none of the key informants at the federal or national level mentioned this. Although rent seeking is quite common in bureaucracy and other institutions but strange enough the politicians did not come up with this complaint. Diversion of funds in the health sector was mentioned a couple of times by the key informants and was seen as a hurdle in policy implementation as well.

As a consequence of lack of accountability, the health sector suffers from corruption. Furthermore, health professionals working in the public sector do not feel themselves accountable for their performance (Khan, 1996).The health sector is among the top six key sectors in Pakistan that are seriously affected by corruption. There are numerous charges of corruption, repeated complaints of bribery, misuse of resources and sale of public equipment in government hospitals (Waxman, 2003). As a result, the health sector loses its scarce resources and health policy implementation is distorted, this was disclosed by the interviewees at all levels. They recognized that there is a high level of corruption in the health sector. It affects the trust of people and hinders wider participation in the implementation of healthcare policies, programmes and innovations in healthcare. Interviewees at the provincial and local levels disclosed that corruption demotivates local managers, health professionals and field workers alike.

The health system in most countries is the result of a mix of institutions, regulations, conventions and historical accidents. These arrangements give scope for rent seeking behaviour. When the government undertakes activities, the possibility is created for gains to be transferred to individuals for their own advantage, reducing the social benefits. In low and middle income countries, the features of primary health care also provide greater scope for rent seeking as many services are easily transferable, for example, resources meant for the cure of communicable diseases can be transferred

to other conditions (Kymenyi and Tollison, 1999). In Pakistani context, it happens frequently where funding for one project is transferred to another for a variety of reasons and more so in the health sector.

In Nigeria, it is sad to note that the institution which is meant to handle the health needs of the people is among those affected by the menace of corruption. The health sector is witnessing failures, as most hospitals are in poor shape, drugs are lacking, life expectancy is not improving, the number of people living with HIV/AIDS is still high, other killer diseases such as malaria, diabetes, TB, cancer are still a major threat to the people. The contribution of corruption to these failures is very significant as some of the funds meant for healthcare delivery are sometimes diverted (Oluwabamide, 2013).

Political corruption on the part of the inner circle ruling elite and filtering down to the middle levels of the state bureaucracy has skewed a power structure that enables institutional manipulation. The prevalence of corruption has been blamed for persistent poverty, capital flight and a constrain to development in African countries like Uganda (Godfrey, 2013).

In the context of Pakistan, numerous charges of corruption and misuse of public authority against civil servants working in health ministries, health managers and physicians appear in the press regularly. Factors responsible for corruptions in health sector include: weak judicial system, lack of accountability, low salaries, and non-recognition of performance and lack of motivation particularly among professionals working in rural areas (Khan and Heuvel, 2007).

6.3.5 Path dependency

Path dependency phenomenon evolved as one of the core themes during the course of data analysis. Policies like Lady Health Workers (was initiated in 1994 through the Prime Minister Bhutto's Program for Family Planning and Primary Care) National Blood Transfusion Policy, Rescue1122, EPI and

HIV/AIDS (mentioned in chapter five) were there for decades. Although new actors emerged or a change in policy preferences was formulated, certain actors (mostly the politicians and bureaucrats) had an incentive to prevent change to occur and maintain the status quo. This phenomenon was also observed in Benazir income support program which was continued by the rival political party when it took over in 2013.The path dependency seen in Pakistani context was more of a *Habitual path dependency* with inflexibility and potential inefficiency as the main characteristics. Inflexibility is closely related to historical inertia. Both these interlinked patterns are quite evident in this study context. Another feature, potential inefficiency is also obvious in Pakistani context where rational actors have not taken efficient decisions to maximize utilities whether political or health policy sphere.

Path dependence arguments often offer important insights into political dynamics. It was quite evident that once on a particular path political actors will generally have powerful incentives to stay on it. Switching costs are normally borne in the short run, and the benefits will generally add in the long run and that too to someone else. The political world is unusually prone to increasing returns (Pierson, 2000). That could be one of the reasons for continuation and lock-in of a couple of policy initiatives mentioned earlier. None of the political governments was willing to change it for the fear of losing increasing returns generated by these policies. Apart from increasing returns it also served the interests of some of the actors.

In a study conducted by Bertone et al (2014), path dependency phenomenon along with incremental policy making and stop gap measures were quite evident in Sierra Leone. It was clear in Sierra Leone case that sequence in which certain events happen does matter. Due to the conflict in health sector, the alignment of actors and agendas was not seen in Sierra Leone until sometime later.

Path dependent effects are quite intense in politics of implementation. The key features of political life, public policies and formal institutions are change resistant. Both are generally designed difficult to overturn for two reasons. First, who design policies and institutions may wish to bind their successors (Pierson, 2000). According to Moe (1999), this reflects the problem of *political uncertainty*. The political actors anticipate that their political actors may assume the reins of the government soon. To protect themselves they must create rules that are hard to reverse and here the habitual path dependency comes into play.

Perceptions and attitudes of players can vary due to their positions in the institutional policy web since different stakeholders tend to see the same process in very different ways in terms of whether there is stagnation or change. Radical change can have a strong impact on these perceptions. Some stakeholders view any change smaller than radical change as stagnation, since they are fascinated with the large change that has occurred. Others will see the punctuated equilibrium as a blip in one part of the system, possibly the culmination of trends over time but a diversion from the real action, which remains path dependent (Rosen, 2008).

The policy subsystems in Pakistan never developed enough to allow for independence from the central government. Unstable political institutions in the country have led to selective attention from the policy makers affecting the policy implementation in the longer run. As mentioned in the background chapter, Pakistan saw twenty-four governments in the past sixty five years, including fifteen elected or appointed prime ministers, five interim governments and thirty-three years of military rule under four different leaders. There has always been institutional friction between the institutions in Pakistan.

It is clear that the national health policies were announced with 7, 4 and 8 years gap. These were quite repetitive (as mentioned in detail chapter two).

Opportunities were not availed even during the stability periods in the country's history. The new ideas and the new actors in the political sphere were not utilised by the key players in the policy sphere. There is no synchronization between the political and health policy history. The share and spread of political attention was never on the health policy issues and was completely partisan. Path dependency put limitations on the change due to the structure of the rigid institutions. Some periods in which the change was required, it rarely occurred. According to path dependency models (described in detail in chapter four) current policy decisions are restrained by structures represented by past policies.

This could be seen from the statements of the older participants either politicians or bureaucrats. The institutions have always been sticky, they have not responded directly to demands or needs. The decision space has always been limited and many issues often compete for the attention of the policy makers. The value for each policy topic is assigned a percentage of attention by the policy makers at any one time, so as one topic rises on the political agenda, the amount of attention for all other topics falls. This lack of political attention was quite visible in Pakistani context.

Pakistan has a democratic setup but as it is clear from its political history, it has always been authoritarian. In authoritarian systems, the press is closely monitored, elections are tightly controlled, and channels for grievance representation are restricted. Most importantly, policy decisions are made unilaterally by the political leadership and implemented by coercion if necessary. There is relatively little institutional friction in authoritarian regimes, which would suggest that punctuated instability would correspondingly abate in intensity (True, 2014). But in Pakistan case, the institutional friction was there right from the beginning, between military and civilian government, within civilian governments, between the politicians and the bureaucrats.

Structural continuities, institutional inertia, and limitations of agency do not provide a receptive environment for fundamental change in Pakistan. Despite these constraints there exist some opportunities for catalysing some change through external intervention. These have implications for policy design in the short to medium term as compared to longer-term strategies. Relations between elected and non-elected organs of state power have been identified as the key source of political instability. The role of the military, in particular, is a highly problematic one in the economic history of Pakistan. The imbalance between military and civil power is also a persistent source of political instability (Naqvi and Robinson, 2004).

If we analyse the political history of Pakistan, we can see that health has never been on the political agenda of any government. It has been shown that the political context is unstable and experiences frequent change in governments. This political instability leads to centralization, sticky but weak institutions, and a low priority to social welfare issues including health. But if we examine the history of the national health policies in Pakistan (mentioned in detail in chapter two) we gain an important insight that not enough time was available to any health policy for its effective implementation, which resulted in wastage of resources.

In 1997, the government introduced its new National Health Policy by replacing the National Health Policy of 1990. Then another government introduced a new health policy in 2001 by replacing the previous one. Frequent change of governments have also removed the political energy that is needed for the effective implementation of health policies and programs. During the military regime of General Zia, the population-planning program was seriously affected (Lee et al. 1998; Khan, 1996). Zia froze the population program when he assumed power in 1977 due to his antagonism to former Prime Minister Z. A. Bhutto and Pakistan People's Party (PPP). Mr. Bhutto used his party (PPP) workers as field motivators to make the population program accessible and popular (Khan, 1996).

The results also generate insights on some of the classic conundrums of Pakistani politics as they apply to the political agenda, such as whether party control of government makes a difference, which it does for punctuations. Perhaps of greatest significance, the analysis is able to determine the date, direction and magnitude of watersheds or break points in Pakistani political agenda according to the share of attention that the politicians assigned to particular topics and the spread of attention across them. The political agenda contains turning points that are driven by the relative dominance of certain issues over the priorities of the politicians. The lock-in occurred due to the increasing returns these policies were delivering.

Two sources of instability under authoritarian institutions can be identified. First, it traces back to the perverse incentives set in place by the infrastructure for top-down control. Even though institutional friction is low and authoritarians can and do initiate major changes unilaterally, centralization essentially removes a very common source of policy instability (Tsebelis, 2002). Whereas policy actors in the democratic system promote their agendas by actively and openly challenging current policy, hidden collaboration against rather than open violation of the authoritarian's policy would minimize the risk of detection and serve administrators' interest best (Olson, 2000).

The policy subsystem is not insulated and is influenced by pressures from public opinion, events such as war, and by long-term structural changes, such as a failing economy. Within this environment, there are opportunities for political actors, such as political parties or politicians, to compete for control over the policies and shift it to other issues. However, this pattern of shifting attention is subject to periods of extended incrementalism as well as to rapid and dramatic realignments of the status quo (John and Jennings, 2010).

Political institutions translate inputs in the form of changed preferences, new participants, new information or sudden attention to previously available information into policy output. In the process they impose costs on this translation and this leads to institutional friction. It is argued that friction in political institutions leads not to consistent gridlock but to long periods of stasis. As political institutions add to the cost of translation of inputs to outputs, institutional friction would increase and outputs from the process will become increasingly path dependent overall (Jones et.al. 2003). It has been observed that the factors which can lead to path dependency like institutional breakdown, ideas, and policy leaders themselves are subject to additional contextual factors. Failure to take account of this may lead to frustration and perhaps even to dysfunction, for policy analysts and decision makers alike (Feder-Bubis and Chinitz, 2010).

6.4 Theoretical Insights

This research draws on the theoretical concepts of power, policy networks and path dependency. It can be argued that power in Pakistani context is multi-layered. To begin with it is *relational* where bureaucrats and politicians are trying to influence each other at the macro political level. Sometimes it is *intransitive* where all the key players whether bureaucrats, technocrats, politicians and other interest groups are working together in form of coalitions towards their shared goals for authority and resources. In the political history of Pakistan, this phenomenon is quite obvious where sometimes a coalition of bureaucrats and politicians against the army was seen and sometimes within themselves. The politics in the general political sphere was mirrored in the policy subsystems as well.

In the health policy sphere, the key players when they were loggerheads with each other tried to use the power at the individual level. But they were together for some common interests, incentives and resources and at this point used their institutional positions to form coalitions or networks at different tiers of the government. Some of these actors were definitely stronger than others. The bureaucrats have strongly emerged as having the

non-decision making power where they could easily hold the policies off the agenda or put hurdles in their implementation.

Actors are perceived to be the agents and the institutions as structures in the context of this study. As can be seen in the conceptual framework (earlier in this chapter) actors or agents are embedded in the structural components of the political system as a whole. Even if they use the power at the individual level they are constrained by the institutions. The institutions themselves are the outcome of the strategies of ongoing political conflict. The institutions appear to be sticky and rigid. The power relations were implicated in structure and structures were implicated in power relations (as seen by Giddens).

The policy implementation approaches could also be divided into structural and individual. It can be argued that for complex issues like policy implementation, action is often required by a number of actors, who may see their interests as being at loggerheads with others, or who may not buy into the importance of an issue (to differing degrees) conflicting actors may base their position on equally conflicting visions of the problem and its solution (Johnson, 2015). In Pakistani context, the policy makers within themselves and with policy implementers had coalitions within their group and shared the same beliefs and perceptions. So at the same time there were coalitions, consensus and tensions at the same level which was a very interesting phenomenon that emerged. During the preliminary stages of data analysis, the conflict and tension among the key policy players were the main emerging themes, but the deeper analysis of the data showed that actually there were hidden networks which worked quietly behind the scenes.

Pakistani political system is a classic example of Elitism where power is based on the unequal distribution of resources and that public has little influence on policy outcomes. And the policy process in general is seen as a wide and complex interaction between the interests, actors and institutions

rather than between institutions themselves. Institutions are also a dominant source of power along with the power elites occupying key positions in government and the military. Lasswell's view of a '*garrison state'* in which military, bureaucratic and technocratic elites rule could be applied on Pakistan only if the technocratic elites could be replaced by the politicians. The policy network concept could be applied to the policy sphere in Pakistan where the policy makers form their own networks or '*Iron triangles'* and the relationships are more for interests and incentives which prove to be stable.

Policy choices are made actually by politicians and bureaucrats who perceive themselves to be policy elites, and so it is their perceptions of relative power that matter, not simply relative quantities of resources. Furthermore, those leaders and elites do not always have complete freedom to extract and direct national resources as they might wish. Power analysis must therefore also examine the strength and structure of states relative to their societies, because these affect the proportion of national resources that can be allocated to different policies. It can be argued that certain structured interests, resources, powers, constraints and predicaments are built into the positions occupied by the policy makers.

Complex systems are particularly sensitive to initial conditions which produce a long-term momentum or 'path dependence' (Cairney, 2012). The timing of decisions is crucial because it is usually the order of events that sets policy on a particular path. Inertia and unpredictability have a huge effect on policies which are very difficult to reverse.

Interestingly it is often asked how path dependency could be applied to the policies as this concept is related to the institutions. After going through a wider literature on path dependency, it can be argued that the conceptual distinction between a policy and an institution is significant. But the use of path dependency in policy studies could provide two options. The first is to proceed by analogy from institutions to policy as the subject of path dependency and so allow the existing body of work in historical

institutionalism to be used to support theory-building and empirical testing. The second option would be to apply and theorize the concept in policy *sui generis* (Kay, 2005).

A policy system is a relevant and valid unit of analysis for the application of path dependency but the empirical challenge remains: what specifically about a policy system is path dependent. Within a policy system there are several policy subsystems, each with their set of actors, organizations, goals and instruments (Baumgartner and Jones, 2002). For example, within the health policy system there is the primary care policy subsystem, the public and private health policy subsystem. The development of policy subsystems may equally be understood, using path dependency, as the policy 'whole' itself.

Most importantly in terms of understanding policy as path dependent, past policy decisions are institutions in terms of current policy decisions: they can act as structures that can limit or shape current policy options. The question of what it is about a policy that is path dependent does not admit a single answer, rather, it remains an open and empirical question for scholars applying the concept (Kay, 2005).Path dependency is an appealing concept for understanding public policy development. It provides a label for the empirical observations and intuitions that policies, once established, can be difficult to change. Recent examples of the use of path dependency to understanding policy development include health care policy in the US (Hacker, 2002) and the UK (Greener, 2002) and the Common Agricultural Policy of the Europe (Kay, 2003).

If we go through the political history of Pakistan (as described in chapter two) it is evident that patronage and power have dominated the political scene since its inception. Besieged with an uncertainty about the future, the politicians in different periods of history have indulged in distribution of patronage to their supports and in turn increase their own power. The preoccupation with keeping power applied to both the military rulers and

elected regimes. The state patronage and coercion has led to concentration of economic and political power. The excessive use of discretion in case-by-case policy making to favour narrow interest groups has sometimes derailed institutionalised decision-making. Personal, parochial and party loyalty considerations dominate decision making while institutions were bypassed.

In Pakistan, the debate over whether authoritarian or democratic regimes have delivered better results in terms of economic performance or otherwise has been quite fierce since General Khan took power in 1958. The spurts in economic growth during 1960s, 1980s and 2000s when the country was governed by the military dictators have led many to conclude that authoritarian regimes are better suited to bring about economic development. Path dependency pattern is seen here as well where the military regimes continued the previous military rulers' policies and the civilian governments their civilian predecessors. The economic policies of major political parties who took turns ruling during the 1990s were similar. Both the civilian and military regimes have demonstrated the same characteristics and weaknesses of personality cult, leadership, centralized decision making, repression of opponents and cronyism.

The same politics-policy nexus, patronage, cronyism, coalitions, path dependency and networks were mirrored in health policy subsystem. Some of the policies (as mentioned earlier) followed a path dependency as the power relations and underlying social structures remain path dependent as well. Be it the policy makers in the macro-political sphere or health policy subsystem the key players have demanded absolute loyalty and compliance within their institutions.

The concept of neo-patrimonialism as witnessed in some of the African states (in chapter four) also helped to understand the political relationships in Pakistani context and how the state resources were being used to maintain personal links and connections. This in turn has led to distortion of power and

corrupt authorities in our political institutions. These inappropriate connections often result in corrupt and hybrid systems favouring nepotism and cronyism in the health policy subsystem as well.

6.5 Conclusion

This study has highlighted the complex nature of policy implementation and multiple influences over this process. Elitist Pakistani politics at the macro level is mirrored in the health policy subsystem where power, patronage, self-interests, corruption, conflicts, coalitions, policy networks and historical inertia were seen. The structural factors alongside the agential power were quite evident. Institutions also played an important role. The relevant theoretical frameworks were applied to the findings of the study. This chapter will help in forming recommendations and conclusions for this study.

Chapter Seven: Conclusion and Recommendations

This research has given a sound understanding of complexities of policy implementation in Pakistani context and the power play behind it. The researcher has also formed some ideas for further research in other low and middle income countries.

7.1 Conclusions

This study has led to four main conclusions which relate to power and modes of power, path dependency, policy implementation as a political game and the role played by political institutions respectively.

7.1.1 Power as an integral element of implementation

First, policy implementation should always be understood in terms of the language of power. Power is recognized as a key influence over the implementation of health policies, yet it is a concept that is rarely unpacked in empirical analyses from LMICs settings. Health politics is best characterised in Marxist or Elitist terms, where power is concentrated, centralised and exercised continuously. Disproportionate power is wielded by the few who based on class and politics, act to maintain the hegemony of the capitalist class. In policy contexts, power is typically conceived of in a relational sense, i.e. particular policy actors are understood to exercise their 'power over' others. Actors may exercise political power by bringing authority to bear, or by resisting the authority of others. The conventional instruments of institutional power range from coercion to inducement, depending on the choices and political resources available to authorities. Policy actors may also demonstrate power by influencing key policy decisions and/or by limiting the scope of other actors' activities.

The power concept is definitely multi-layered. Actors do have and exercise power, but are always embedded in historically and socially constructed structures, e.g. in terms of institutions and discourses. The two modes of power, formal power derived from institutional roles and structural power derived from network configurations, cannot be easily disentangled. Institutional and structural drivers seem to have a crucial impact on how an

actor is perceived in decision-making and implementation. A structural interest perspective is also concerned with the sources of power and the groups, which benefit from structure of the society. Their interests are served by the existing social, economic and political structures. This was seen in general macro-political sphere and mirrored in health policy sub-system. Power is not only exercised through decision making itself, but also by excluding issues from the political agenda, hence by non-decision making. Bureaucrats emerged as the veto players in the policy sphere with the non-decision making power vested in them. None of the characteristics of Weberian bureaucracy were found in Pakistani bureaucracy in context of this study.

7.1.2 Path dependency

Second, the health sector processes are path dependent and the processes may move in the same direction as established power relations do not change. Policy choices are influenced by bureaucratic inertia and institutional constrains due to the structure of the rigid institutions. Policies remain in stasis for long periods due to the policy monopoly of certain actors. Path dependent power relations and their linkage to policy networks are the conundrums facing the Pakistani health policy system. The stalemate over some health and other policies was seen because of the elitist system of interest groups' conflict over policy choices between numerous interests and institutions.

7.1.3 Implementation as a political game

Third, the policy implementation process is certainly a political and a technical issue. This process is shaped by the capacity of the government, system complexity, political patronage, the influence of diverse actors, the web of power relationships for self-interests and institutional rigidity in the policy subsystem. Actors have personal and positional resources, as well as those they can access through their ties with other actors. Actors are able to wield influence because they have resources embedded in positions within an organisation (which has power, wealth, and a reputation of its own),

because of their own personal resources and because of their ties to others who also have resources.

There were visible policy-to-implementation gaps in the overall policy process which existed at different tiers of the government. Implementation was never seen as an integral part of the policy process rather a separate entity to be considered at the end. Policy implementation and politics had a visible nexus. There are a number of challenges which led to these gaps. These were identified as patronage, political interference at every level, historical inertia, structural constraints, capacity issues, lack of evidence based research, lack of accountability, lack of ownership, commitment, transparency and merit, corruption, nepotism and cronyism.

The health policy sphere in Pakistan could be seen as an institution which is based less upon the notion of control as of structures which are composed of groups and individuals all seeking to maximize their power and influence. We may see this as an essentially political process involving different strategies for acquiring and maintaining power. Implementation from this perspective is about self-interested people *'playing games'.*

7.1.4 Role of political institutions

Fourth, the competitive, deep-rooted and elitist features of the Pakistan political system are generally not conducive in dealing with problems of policy implementation. The Pakistan government provides many avenues for interests to influence implementation and affords the opponents of implementation many opportunities to block action. The persistence of *de facto* political power emphasizes how the same elites are able to shape politics, even when certain aspects of specific political institutions change. A complementary mechanism, which we refer to as the *"Iron Law of Oligarchy*" following Robert Michels' (1911) classic book, focuses on how changes in the identity of elites can go hand in hand with the same dysfunctional policies and political institutions.

The reason for persistence is therefore not persistence of the *elites*, but the persistence of *incentives,* of whoever is in power to distort the system for their own interest. When the current elites are replaced by newcomers, sometimes with a popular mandate, and once these newcomers are in power they have no incentive to change and instead use the entrenchment provided by the existing political institutions for their own benefit. It was also seen how the frequent changes in the identity of those who hold political power can go hand in hand with the continuation of some policies be it in the general political arena or health policy subsystem. Both political and technical problems may severely constrain the implementation of policies that attempt strong control over large complex political systems.

7.2 Recommendations

7.2.1 Recommendation 1

Clearer and more comprehensive understanding of power is needed to build-up rich and nuanced description of the practices and effects of power in health policy implementation. The monopoly of power by the few in the ruling class should be broken. Political power holding should not be vested with just a few ruling elites; rather it should be re-distributed to accommodate all groups or constituents. It is therefore recommended that the presence of power structures must be complemented with an inclusive framework that defines the responsibilities of each of the actors.

7.2.2 Recommendation 2

Policy implementation should be considered as an integral part of the policy process right from the beginning and not as something to be dealt with at the end. All implementation problems are complex otherwise there would be fewer debates about policy issues and implementation gaps. Also, in any policy environment unanticipated events will emerge to challenge even the best policy ideas. However, it is certain that a certain level of equilibrium in the policy sphere would help to create more space to achieve better results. More open and transparent policy styles should be ensured. Renewed efforts to develop policy institutions are another way to reduce chaos in the policy

sphere. The monstrous evils of corruption, nepotism and patronage by political office holders should be viewed as an offence.

7.2.3 Recommendation 3

Institutions should be made flexible rather than rigid. Habitual path dependency should not be the norm. Inflexibility and political inefficiency should be dealt with. More efficient decisions should be taken at the right time when an opportunity arises. This can be done by identifying the various groups involved and what each stands to gain or lose, the decision-maker can determine not only the aggregate net benefits to society but also the distribution of these benefits to each group, including the noneconomic benefits. The analysis would provide information so that the policy-maker can identify implementation problems and predict the reactions of the affected groups. This method can help identify the incentives needed to ensure the successful completion of a policy.

7.2.4 Recommendation 4

The concept of policy stalemate warrants attention. It would contribute to understanding the process of implementation and its products (for example, how policy stalemate relates to implementation failure). It is advisable to examine institutional incentives and conditions for stalemate, the role of interest groups in stalemate and conditions under which stalemates end. A policy re-design with alignment of interests, incentives, resources and actors should be in place. A programmed approach could be followed which could limit discretion, monitor behaviour and change incentives. Government efforts must be based on a consideration of the imperatives of implementation. They require a clear statutory basis, based upon general political support. A failure to consider the politics of implementation is likely to render any policy objective however important or worthwhile - weak and ineffective.

7.3 Contribution to knowledge

This thesis has contributed to knowledge by highlighting the importance of *Power* in health policy sphere in several ways. Firstly, this study has analysed the role of key policy actors and has shown how the policy elites

have maintained their hegemony on the overall policy making/implementation process by using their power relations. There is a strong policy-politics nexus, and policy implementation is more of a political game where the unelected powers play their games for incentives and self–interests.

Secondly, these power relations take the shape of *policy networks* or *iron triangles* in the longer run. Due to these networks, policy elites maintain closed, stable relationships and prevent new actors to enter and sometimes changes to happen. Finally, habitual routines are difficult to break Once agents habituate a certain option or policy, then, they would be simply uninterested in some other options and a behavioural lock-in occurs. This thinking would further reinforce the habituated option. The power relations follow path dependency and the rigid political institutions play their role in this stalemate.

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Although this thesis is framed around Pakistani experience, its central messages might be relevant to health policy discussions in other low and middle-income settings, as it contributes to the general understanding of the underlying power nexus in policy implementation in health policy subsystem. All these novel but crucial aspects are yet under explored and under researched in LMICs settings. In addition, this thesis might be useful not only in contributing to the academic debate, but it can also provide insightful suggestions to policy actors and researchers alike.

7.4 Need for further research

More studies should be conducted on a much wider scale in the South Asian region on a similar pattern to investigate the power practices in policy implementation in health and other areas in the neighbouring countries. Moreover, the political histories and health policy trajectories could be followed for contrasts and comparisons with a focus on habitual path dependence and nature of the political systems. The same research could be repeated in the Eastern Mediterranean region (EMRO) as Pakistan is also a

member of this region. Later a book can be compiled under the title of *Politics of Health* in these regions. Most ambitiously, future research may strive towards a model that can explain the composition of policy elites and their roles in policy implementation, when existing elites persist, when elites change but institutions persist, and when institutions truly change.

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Appendices

Appendix 1

Queen Margaret University

EDINBURGH

My name is Rd. Fatima Bajwa and I am a PhD student from the School of Health Sciences at Queen Margaret University in Edinburgh. As part of my degree course, I am undertaking a research project for my PhD. The title of my project is: *How does governance influence the implementation of health policies in Pakistan?*

The purpose of the study is to look into the effects of governance on health policies in Pakistan at the national and provincial level. For this the politicians, bureaucrats and other government officials involved in decision-making would be interviewed at the national, provincial and district levels. At each level, the governance challenges would be discussed in detail with a particular focus on the health policies related to the population. I would like to talk to you about your experience in governance and health policy implementation issues in Pakistan.

The interview should take less than an hour. I will be digitally recording the session because I do not want to miss any of your comments and the recordings would be destroyed as soon as possible after transcribing in order to ensure confidentiality. All responses will be kept confidential. This means that your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent.

The findings of the project will be useful because it could come up with some policy recommendations for the decision makers in the sphere of decision-making focusing on the deployment and distribution of rural health workforce. The results may be

published in a journal or presented at a conference. All data will be anonymised as much as possible. Your name will be replaced with a participant number, and it will not be possible for you to be identified in any reporting of the data gathered.

If you have read and understood this information sheet, any questions you had have been answered, and you would like to be a participant in the study, please now see the consent form.

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Appendix 2

Bloc of questions for policy makers (Politicians/Bureaucrats/District health officers)

Theme 1: Role of actors in the policy process

1. Can policy makers from the provinces influence policies at the national level and vice versa?
2. Is there some international influence regarding the health policies?
3. In your opinion who are the key factors influencing the making and implementing policies at various levels?
4. How do you see your role in the whole process?

Theme 2: Policy Process:

1. Based on your experience, please describe how major policy decisions take place?
2. How do you see your role in the whole process?
3. What are the ways in which the public can know what is going on in the policy sphere?
4. Can you quote any example in which the policy makers had to justify some of their policies to the stakeholders?
5. Have any of your policies got onto the agenda? If yes, what were the reasons behind them?
6. Based on your experience, how would you describe governance in general and for health sector in particular?

Theme 3: Policy Implementation

1. How does a new policy get communicated to you? Can you immediately implement everything? If not, how do you prioritise?
2. What are the barriers in their implementation according to you?
3. Can you give some examples of the health policies which have been best implemented?
4. Do you have any experience of the policies driven by political agendas in the provinces and the centre? If so, can these affect the policies at the district level?

Theme 4: Health Workforce

1. How are the policies regarding health workforce formulated?
2. What is the prominence of the rural areas in these policies?
3. Could you please give an example of any major policy decision in this regard?
4. How does recruitment and staffing take place? Can you give some examples of inadequate distribution in these areas? How can this be addressed?

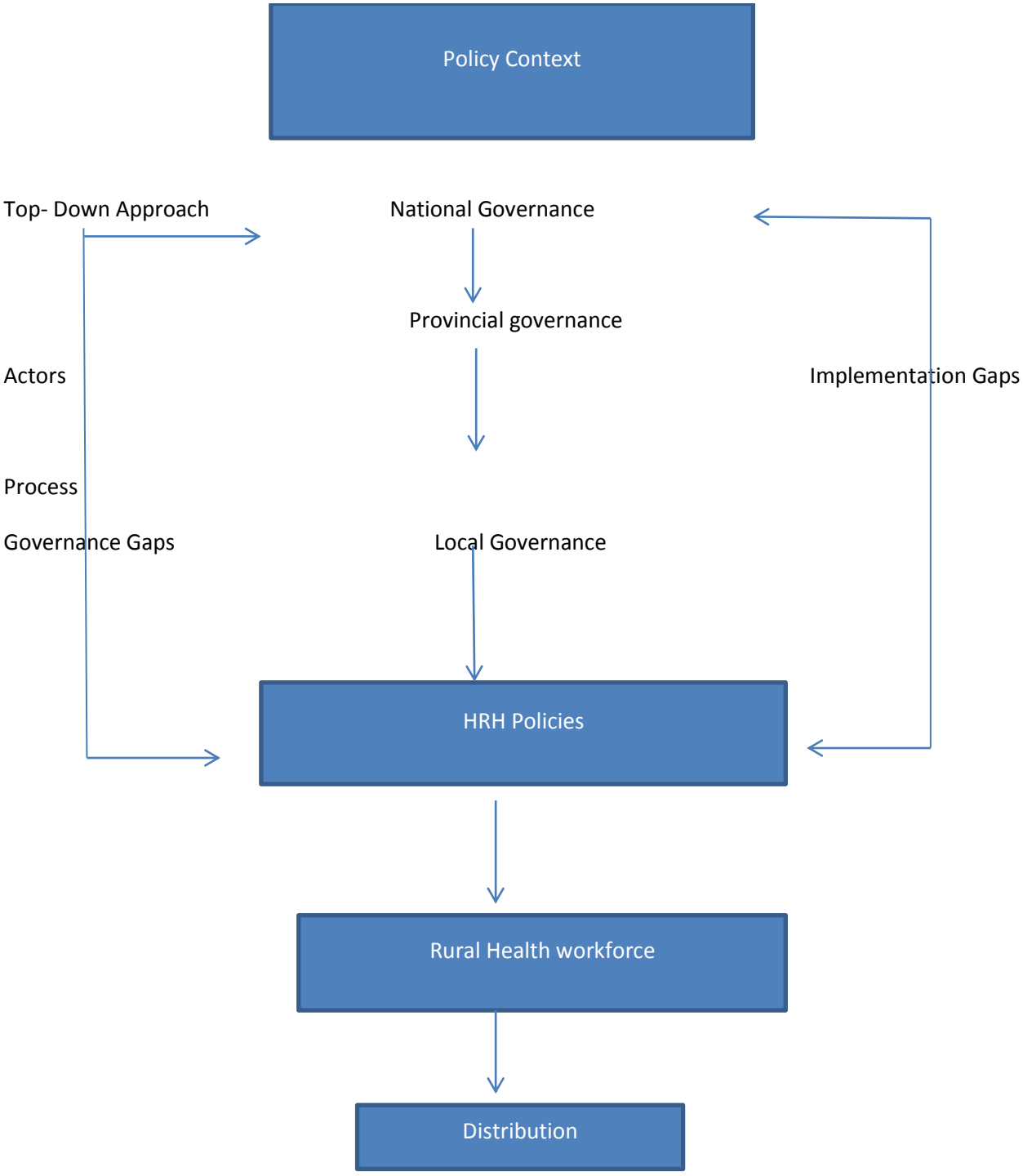
Theme 5: Centre/province co-ordination

1. Have the provinces taken some independent decisions regarding health policy?
2. Which provinces are doing better with regard to health workforce in rural areas?
3. How could these policies be made more sustainable?
4. How can the provinces get better support from the centre?
5. Are there some ways in which the provinces can learn from each other's experience especially in the heath sector?

Bloc of questions for the users of the policy

1. Do you think that public health services are doing their best to meet the needs of the people? Can you quote some examples?
2. Who plays the main role in policy making in the country?
3. How can the people have a say in the policy process?
4. Do you have any experience of rural health facilities?
5. What are the problems faced by the local people in different areas and how can these be overcome?
6. Which provinces have better health facilities?

Appendix3



CONCEPTUAL FRAMEWORK